

Appendix F: Edmonton Symptom Assessment System (revised version)

Please circle the number that best describes how you feel NOW:

No pain	1	2	3	4	5	6	7	8	9	10	Worst possible pain
No tiredness <i>Tiredness = lack of energy</i>	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
No drowsiness <i>Drowsiness = feeling sleepy</i>	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
No nausea	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
No lack of appetite	1	2	3	4	5	6	7	8	9	10	Worst possible lack of appetite
No shortness of breath	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No depression <i>Depression = feeling sad</i>	1	2	3	4	5	6	7	8	9	10	Worst possible depression
No anxiety <i>Anxiety = feeling nervous</i>	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Best wellbeing <i>Wellbeing = how you feel overall</i>	1	2	3	4	5	6	7	8	9	10	Worst possible wellbeing
No _____ Other problem (e.g. constipation)	1	2	3	4	5	6	7	8	9	10	Worst possible _____
Patient's name: _____ _____							Completed by (check one):				
Date: _____							<input type="checkbox"/> Patient				
Time: _____							<input type="checkbox"/> Family caregiver				
							<input type="checkbox"/> Health-care professional caregiver				
							<input type="checkbox"/> Caregiver-assisted				

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For more information about this tool, please visit: www.palliative.org/PC/ClinicalInfo/AssessmentTools/ESAS%20ToolsIdx.html.

Please mark on these pictures where it is you hurt.

