Yukon

Edmonton Symptom Assessment System

Revised (ESAS-r)

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

No Pain	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10		Worst Possible Wellbeing
No _____	0	1	2	3	4	5	6	7	8	9	10		Worst Possible _____

Other Problem *(For example constipation)*

Patient Name _____	**Completed by** *(Check one)*
	☐ Patient
Date *(yyyy-Mon-dd)*	☐ Family Caregiver
	☐ Health Care Professional Caregiver
Time *(hh:mm)*	☐ Caregiver-assisted
	Body Diagram on Reverse

07903(Rev2015-08)   Side A

Please mark on these pictures where it is that you hurt:

Right

Right