

Edmonton Symptom Assessment System (ESAS)

Please select 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 _____ Other Problem (for example constipation)	0 1 2 3 4 5 6 7 8 9 10	Worst possible _____

Source: Developed by the Regional Palliative Care Program, Capital Health in Edmonton, Alberta

Prognostication & scoring tool excerpt from the *Compassus Hospice Eligibility Guide* 199EG1121

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Using these pictures, please show where it is you hurt:

