



ESAS EDMONTON SYMPTOM ASSESSMENT SYSTEM

Date:

COMPLETE BY : <input type="checkbox"/> PATIENT <input type="checkbox"/> FAMILY <input type="checkbox"/> CAREGIVER <input type="checkbox"/> CAREGIVER ASSISTED	
PLEASE, FILL IN EITHER WITH A VERTICAL LINE OR A CROSS ON THE LINES BELOW CORRESPONDING TO HOW YOU FEEL THE MOST NOW	
No pain	Severe pain
Very active (not tired)	Not active (very tired)
Not nauseated (not sickly)	Very nauseated (very sickly)
Not depressed	Very depressed
Not anxious	Very anxious
Not drowsy	Very drowsy
Very good appetite (no lack of appetite)	No appetite at all
No shortness of breath	Very short of breath
Very good sensation of wellbeing	Poor sensation of wellbeing
Other symptoms (sweating, dry mouth, dizziness, sleepy...)	
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