

**EDMONTON SYMPTOM ASSESSMENT SYSTEM – REVISED +:
ESAS-r+**

Date: _____

Name: _____

Please circle the number that best describes how you feel (on average, in the last 24 hours):

No pain	_____	Worst possible pain
	0 1 2 3 4 5 6 7 8 9 10	
No tiredness <i>(Tiredness = lack of energy)</i>	_____	Worst possible tiredness
	0 1 2 3 4 5 6 7 8 9 10	
No drowsiness <i>(Drowsiness = feeling sleepy)</i>	_____	Worst possible drowsiness
	0 1 2 3 4 5 6 7 8 9 10	
No nausea	_____	Worst possible nausea
	0 1 2 3 4 5 6 7 8 9 10	
Best appetite	_____	Worst possible appetite
	0 1 2 3 4 5 6 7 8 9 10	
No shortness of breath	_____	Worst possible shortness of breath
	0 1 2 3 4 5 6 7 8 9 10	
No depression <i>(Depression = feeling sad)</i>	_____	Worst possible depression
	0 1 2 3 4 5 6 7 8 9 10	
No anxiety <i>(Anxiety = feeling nervous)</i>	_____	Worst possible anxiety
	0 1 2 3 4 5 6 7 8 9 10	
Best wellbeing <i>(Wellbeing = how you feel overall)</i>	_____	Worst possible wellbeing
	0 1 2 3 4 5 6 7 8 9 10	
No trouble sleeping	_____	Worst possible sleep
	0 1 2 3 4 5 6 7 8 9 10	
No diarrhea <i>(Diarrhea = more poo than usual/watery poo)</i>	_____	Worst possible diarrhea
	0 1 2 3 4 5 6 7 8 9 10	
No constipation <i>(Constipation = less poo than usual/hard poo)</i>	_____	Worst possible constipation
	0 1 2 3 4 5 6 7 8 9 10	