Symptom Assessment Tool

Based on the Edmonton Symptom Management System (revised version) (ESAS-R).

Produced by HCI ©2015 • Approved by a team of medical, health, and communications specialists • October 2015 • Review Date October 2018

Patient Name: __________________________  Date: ________________  Time: _______________

Completed by: □ Patient only  □ Patient with assistance  □ Family member  □ Health professional

Please circle the number (0-10) that best describes how the person feels:

<table>
<thead>
<tr>
<th>Symptom</th>
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<th>10</th>
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<tbody>
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<td>Best feeling of well-being</td>
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<td>No shortness of breath</td>
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Please check all items that have been a concern or problem for the person in the past week, including today.

Emotional
- □ Fears/worries
- □ Sadness
- □ Frustration/anger
- □ Changes in appearance
- □ Intimacy/sexuality

Practical
- □ Work/school
- □ Finances
- □ Housing
- □ Getting to/from appointments

Informational
- □ Understanding illness and treatments
- □ Talking with health care team
- □ Making treatment decisions
- □ Knowing about available resources

Social/Family
- □ Feeling like a burden to others
- □ Worry about family/friends
- □ Feeling alone

Physical
- □ Concentration/memory
- □ Sleep
- □ Weight

I would like to talk with someone about my concerns. □ Yes  □ No