

Patient name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 PHN: \_\_\_\_\_

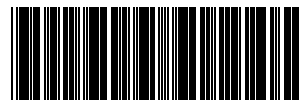
**All Sites and Facilities**
**Edmonton Symptom Assessment System - Revised (ESAS-r) Graph**

Page 1 of 2

PATIENT LABEL

Date													
Time													
Pain	10												
	—												
	0												
Tiredness	10												
	—												
	0												
Drowsiness	10												
	—												
	0												
Nausea	10												
	—												
	0												
Lack of appetite	10												
	—												
	0												
Shortness of breath	10												
	—												
	0												
Depression	10												
	—												
	0												
Anxiety	10												
	—												
	0												
Well being	10												
	—												
	0												
Other	10												
	—												
	0												
Assessed by*													
Completed by:	P = Patient			F = Family caregiver			H = HCP caregiver			C = Caregiver - assisted			
Palliative performance scale (PPS %)													
Cognition**													
Cognition code:	N = Normal		I = Impaired		Expected MMSE score:								

Adapted from the Edmonton Symptom Assessment System (ESAS-r) with permission)



Patient name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
PHN: \_\_\_\_\_  
*PATIENT LABEL*

### Instruction

It is recommended the patient complete the ESAS-r with **guidance** from a health care professional, especially on the **first** occasion.

The patient should be instructed to rate each symptom according to how he or she feels *now*.

The patient should be instructed to rate the severity of each symptom on a 0 to 10 scale, where 0 represents absence of the symptom and 10 represents the worst possible severity.

The number (score) should be *circled* on the ESAS-r Numerical Scale (10-513-5012) and later **transcribed** onto the ESAS-r Graph (10-513-5013) by the primary care provider.

Fill in the "other symptom" if the patient has identified another distressing symptom not listed on the ESAS-r Graph and Numerical Scale.

### Assessment

The ESAS-r should be completed:

- On initial assessment at all care sites
- Daily or during each subsequent visit or telephone contact (home client)
- Weekly for patients determined to be stable and having good symptom control in all areas.

The ESAS-r is completed from the patient's perspective, either *independently* by the patient, or with *assistance* for recording from a formal or informal caregiver.

The person(s) responsible for completing the ESAS-r must be indicated in the space provided at the bottom of both ESAS-r Graph and Numerical Scale.

If the patient is cognitively impaired, refuses or is unable to participate in the symptom assessment, the ESAS-r is completed by the **caregiver** as objectively as possible.

When the ESAS-r is completed by the caregiver alone:

- The symptom severity may be graphed directly on the ESAS-r G (10-513-5013).
- If it is not possible to rate a symptom, indicate "U" for "Unable to assess."
- The **subjective symptom scales** of *tiredness, depression, anxiety and well-being* are left blank.
- The remaining symptoms are assessed as **objectively** as possible; i.e., *pain* is assessed on the basis of a knowledge of pain behaviors, and *appetite* is interpreted as the absence or presence of eating, *nausea* as the absence or presence of retching or vomiting, and *shortness of breath* as labored or accelerated respirations that appears to be causing distress for the patient.

For symptoms that ESAS-r score **4 or greater** (0-10 scale), **further assessment** by the primary care provider is recommended using the Pain Assessment (10-500-5002-01) and/or the Symptom Assessment Acronym (10-513-5014). This may require a consultation with the Palliative Care Consultation Team (10-513-7009).

For symptoms that ESAS-r score **7 or greater** (0-10 scale), this is an **unstable symptom** and requires urgent attention, including the above **further assessment** and **consultation**.