

# Cancer Care Ontario

## Action Cancer Ontario

**Edmonton Symptom Assessment System:**  
(revised version) (ESAS-R)

**Please circle 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
<hr/>												
No Tiredness <i>(Tiredness = lack of energy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
<hr/>												
No Drowsiness <i>(Drowsiness = feeling sleepy)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
<hr/>												
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
<hr/>												
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
<hr/>												
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
<hr/>												
No Depression <i>(Depression = feeling sad)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
<hr/>												
No Anxiety <i>(Anxiety = feeling nervous)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
<hr/>												
Best Wellbeing <i>(Wellbeing = how you feel overall)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
<hr/>												
No _____ Other Problem <i>(for example constipation)</i>	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Completed by (check one):

- ☐ Patient  
☐ Family caregiver  
☐ Health care professional caregiver  
☐ Caregiver-assisted

**BODY DIAGRAM ON REVERSE SIDE**

Please mark on these pictures where it is that you hurt:

