



PATIENTS ID

Name:.....

Birth number:

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How are you today?

ESAS (Edmonton Symptom Assessment System)

Date.....

Time.....

Completed by: Patient Health Care Professional Patient with assistance

Pain at rest

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Pain on movement

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Tiredness

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Nausea

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Shortness of breath

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Dry mouth

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Lack of appetite

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Constipation

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Sleep problems

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Anxious

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Depressed

None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

How do you feel overall today?

Best wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst Possible



Lovisenberg Diakonale Sykehus

Pionér i kompetanse og omsorg