

**Edmonton Symptom Assessment System**  
(Revised version) (ESAS-r)

For patients not being seen at RVH  
please fax results to 705-739-5619

**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

No Tiredness            **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Tiredness  
(Tiredness = lack of energy)

No Drowsiness         **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Drowsiness  
(Drowsiness = feeling sleepy)

No Nausea                **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Nausea

No Lack of Appetite    **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Lack of Appetite

No Shortness of Breath   **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Shortness of Breath

No Depression          **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Depression  
(Depression = feeling sad)

No Anxiety                **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Anxiety  
(Anxiety = feeling nervous)

Best Wellbeing          **0**   **1**   **2**   **3**   **4**   **5**   **6**   **7**   **8**   **9**   **10**   Worst Possible Wellbeing  
(Wellbeing = how you feel overall)

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

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

Health Card Number \_\_\_\_\_

Completed by (check one):

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



## Patient Reported Functional Status (PRFS) Tool

Activities & Function: *Over the past month I would generally rate my activity as:*

- normal with no limitations (0)
- not my normal self, but able to be up and about with fairly normal activities (1)
- not feeling up to most things, but in bed or chair less than half the day (2)
- able to do little activity & spend most of the day in bed or chair (3)
- pretty much bedridden, rarely out of bed (4)

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

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

Health Card Number \_\_\_\_\_

Completed by (check one):

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