

Date of Completion: _____ Time: _____

Completed by:

- Patient
- Family
- Health Professional
- Assisted by family or health professional

1. Edmonton Symptom Assessment System (ESAS):

Please circle the number that best describes:

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	Worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	Worst possible nausea
Not depressed	0	1	2	3	4	5	6	7	8	9	10	Worst possible depression
Not anxious	0	1	2	3	4	5	6	7	8	9	10	Worst possible anxiety
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	Worst possible drowsiness
Best appetite	0	1	2	3	4	5	6	7	8	9	10	Worst possible appetite
Best feeling of wellbeing	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of wellbeing
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
Other problem	0	1	2	3	4	5	6	7	8	9	10	

2. Canadian Problem Checklist:

Please check all of the following items that have been a concern or problem for you in the past week including today:

Emotional:

- Fears/Worries
- Sadness
- Frustration/Anger
- Changes in appearance
- Intimacy/Sexuality

Practical:

- Work/School
- Finances
- Getting to and from appointments
- Accommodation

Informational:

- Understanding my illness and/or treatment
- Talking with the health care team
- Making treatment decisions
- Knowing about available resources

Spiritual:

- Meaning/Purpose of life
- Faith

Social/Family:

- Feeling a burden to others
- Worry about family/friends
- Feeling alone

Physical:

- Concentration/Memory
- Sleep
- Weight