



COMPREHENSIVE PROBLEM AND SYMPTOM SCREENING

Name: _____
 Birth date: _____ (or Patient Label)
 Today's Date: _____

1. Edmonton Symptom Assessment System Revised (ESAS-R):

Please circle the number that best describes how you feel now:

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

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
- Coping
- Change in sense of self
- Loss of interest in everyday things

Informational:

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

Social/Family:

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

Practical:

- Work / School
- Finances
- Getting to and from appointments
- Accommodation
- Child/Family/Elder care

Spiritual:

- Meaning/Purpose of life
- Faith

Physical:

- Concentration/Memory
- Sleep
- Weight
- Constipation / Diarrhea
- Swallowing
- Falling/Loss of balance

3. Additional Question:

Have you smoked in the past six weeks? Yes No

Medications please list:

No Change

For Staff Only:

*DRAFT June 2012, adapted from: Cancer Journey Action Group, Canadian Partnership Against Cancer's recommendations for screening for distress, May 2009. ESAS-R adapted from: www.palliative.org/PC/ClinicalInfo/AssessmentTools/ESAS%20ToolsIdx.html