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 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness
   (Tiredness = lack of energy)
   3. No Drowsiness 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness
   (Drowsiness = feeling sleepy)
   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 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Depression
   (Depression = feeling sad)
   8. No Anxiety 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Anxiety
   (Anxiety = feeling nervous)
   9. Best Wellbeing 0 1 2 3 4 5 6 7 8 9 10 Worst Possible Wellbeing
   (Wellbeing = how you feel overall)
   10. No Other problem (for example constipation) 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