

## Edmonton Symptom Assessment System and Canadian Problem Checklist



| Name:          |  |  |
|----------------|--|--|
| HCN:           |  |  |
| Date of Birth: |  |  |

|  |                                    |                              |   |      |      |       |     |                      |                                     |   |    | Date of Birth:                      |
|--|------------------------------------|------------------------------|---|------|------|-------|-----|----------------------|-------------------------------------|---|----|-------------------------------------|
| Completed By: Patient  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Family $\square$   |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Health Professional  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Assisted by Family or  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Health Professional $\square$  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Date of Completion: Time of Completion:  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| 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 |                                     |
| Source: Regional Palliative Care Program, Edmonton, Alberta  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| 2. Canadian Problem Checklist  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| Please check all of the following items that have been a concern or problem for you in the past weeks including today: |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| EMOTIONAL:   | PRATICAL:                          |                              |   |      |      |       |     |                      | INFORMATIONAL:                      |   |    |                                     |
| ☐ Fears/Worries  | ☐ Work/School                      |                              |   |      |      |       |     |                      |                                     | ☐ Understanding my Illness and/or Treatment |    |                                     |
| ☐ Sadness  | ☐ Finances                         |                              |   |      |      |       |     |                      |                                     | ☐ Talking with the Health Care Team         |    |                                     |
| ☐ Frustration/Anger  | ☐ Getting to and from Appointments |                              |   |      |      |       |     | п Ар                 | poin                                | ☐ Making Treatment Decisions                |    |                                     |
| ☐ Changes in Appearance  | pearance Accommodation             |                              |   |      |      |       |     |                      | ☐ Knowing About Available Resources |   |    |                                     |
| ☐ Intimacy/Sexuality   |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
|  |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |
| SPIRITUAL:   | SOCIAL/FAMILY:                     |                              |   |      |      |       |     |                      |                                     | PHYSICAL:                                   |    |                                     |
| ☐ Meaning/Purpose of Life  | Feeling a Burden to Others         |                              |   |      |      | en to | Oth | Concentration/Memory |                                     |   |    |                                     |
| ☐ Faith  |                                    | ☐ Worry about Family/Friends |   |      |      | //Fri | 1   | ☐ Sleep              |                                     |   |    |                                     |
|  |                                    |                              |   | ] Fe | elin | g Alc | ne  |                      |                                     |   |    | ☐ Weight                            |
| *Source: Canadian Partnership Against Cancer (CPAC) 2009   |                                    |                              |   |      |      |       |     |                      |                                     |   |    |                                     |

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Completed by (Please Print): \_\_\_\_\_

Signature: