



Edmonton Symptom Assessment System and Canadian Problem Checklist



Name: _____

HCN: _____

Date of Birth: _____

- Completed By:** *Patient*
- Family*
- Health Professional*
- Assisted by Family or Health Professional*

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:

- | | | |
|---|---|---|
| <p>EMOTIONAL:</p> <p><input type="checkbox"/> Fears/Worries</p> <p><input type="checkbox"/> Sadness</p> <p><input type="checkbox"/> Frustration/Anger</p> <p><input type="checkbox"/> Changes in Appearance</p> <p><input type="checkbox"/> Intimacy/Sexuality</p> | <p>PRATICAL:</p> <p><input type="checkbox"/> Work/School</p> <p><input type="checkbox"/> Finances</p> <p><input type="checkbox"/> Getting to and from Appointments</p> <p><input type="checkbox"/> Accommodation</p> | <p>INFORMATIONAL:</p> <p><input type="checkbox"/> Understanding my Illness and/or Treatment</p> <p><input type="checkbox"/> Talking with the Health Care Team</p> <p><input type="checkbox"/> Making Treatment Decisions</p> <p><input type="checkbox"/> Knowing About Available Resources</p> |
| <p>SPIRITUAL:</p> <p><input type="checkbox"/> Meaning/Purpose of Life</p> <p><input type="checkbox"/> Faith</p> | <p>SOCIAL/FAMILY:</p> <p><input type="checkbox"/> Feeling a Burden to Others</p> <p><input type="checkbox"/> Worry about Family/Friends</p> <p><input type="checkbox"/> Feeling Alone</p> | <p>PHYSICAL:</p> <p><input type="checkbox"/> Concentration/Memory</p> <p><input type="checkbox"/> Sleep</p> <p><input type="checkbox"/> Weight</p> |

**Source: Canadian Partnership Against Cancer (CPAC) 2009*

Completed by (Please Print): _____ **Signature:** _____