

**Edmonton Symptom Assessment System
Revised: Renal (ESAS-r: Renal)**

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

No Pain **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Pain

No Tiredness **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Tiredness
(Tiredness = lack of energy)

No Drowsiness **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Drowsiness
(Drowsiness = feeling sleepy)

No Nausea **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Nausea

No Lack of Appetite **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Lack of Appetite

No Shortness of Breath **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible of Shortness of Breath

No Depression **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Depression
(Depression = feeling sad)

No Anxiety **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Anxiety
(Anxiety = feeling nervous)

Best Wellbeing **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Wellbeing
(Wellbeing = how you feel overall)

No Itching **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Itching

No Problem Sleeping **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible Problem Sleeping

No _____ **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Worst Possible _____
Other Problem *(for example constipation)*

Patient's Name _____

Date _____ Time _____

Completed by (check one):

- Patient
- Family caregiver
- Health care professional caregiver
- Caregiver-assisted

Please mark on these pictures where it is that you hurt:

