

## Permission Request: Edmonton Symptom Assessment System Revised (ESAS-r)

This permission request form is for the use of the ESAS-r tool developed by Drs. Sharon Watanabe & Cheryl Nekolaichuk (University of Alberta, Edmonton, Canada)

This form is intended to track the use of this tool by clinicians and researcher. All information contained on this form will be confidential.

### 1. USER INFORMATION:

Title (Mr/Mrs/Dr/Prof): \_\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Name of Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### 2. INTENDED USE OF ESAS-r: Please check all areas in which the tool will be used

<p><input type="radio"/> <b>Clinical Population:</b></p> <p><input type="checkbox"/> Palliative Care (PC)      <input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Non Palliative Care      <input type="checkbox"/> Non Cancer (specify): _____</p> <p><i>Who will use the tool:</i></p> <p><input type="checkbox"/> Physician      <input type="checkbox"/> Nurse      <input type="checkbox"/> Other (specify): _____</p> <p><i>Type of Setting:</i></p> <p><input type="checkbox"/> Acute Care Hospital      <input type="checkbox"/> Inpatient PC unit      <input type="checkbox"/> Home      <input type="checkbox"/> Inpatient Hospice</p> <p><input type="checkbox"/> Long Term Care      <input type="checkbox"/> Oncology      <input type="checkbox"/> Outpatient Clinic      <input type="checkbox"/> Other (specify): _____</p>	<p style="text-align: center;"><b>What region will the tool be used in?</b></p> <p><input type="checkbox"/> Local    <input type="checkbox"/> Provincial/State    <input type="checkbox"/> National</p> <p><input type="checkbox"/> International    <input type="checkbox"/> Urban    <input type="checkbox"/> Rural</p>
<p><input type="radio"/> <b>Research/Evaluation</b></p> <p><i>Research Question:</i></p>	
<p><input type="radio"/> <b>Education</b></p> <p><input type="checkbox"/> Teaching Rounds      <input type="checkbox"/> Workshop      <input type="checkbox"/> In-Service Training      <input type="checkbox"/> Other: _____</p>	
<p><input type="radio"/> <b>Other:</b> _____</p> <p>Please describe:</p>	

### 3. TRANSLATIONS: Do you wish to translate the tool into another language?

Please provide a copy of the translation upon completion. Responsibility for the accuracy of the translation rests with the translator.

- No
- Yes, Language: \_\_\_\_\_
- Already Translated, Language: \_\_\_\_\_

<p style="text-align: center;"><b>The ESAS-r is freely available for use, with appropriate acknowledgement of its source.</b></p> <p><small>1. Watanabe SM, Nekolaichuk C, Beaumont C, Johnson L, Myers J, Strasser F. A multi-centre comparison of two numerical versions of the Edmonton Symptom Assessment System in palliative care patients J Pain Symptom Manage 2011; 41:456-468.</small></p> <p><small>2. Bruera E, Kuehn N, Miller MJ, Selmsler P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. J Palliat Care 1991; 7:6-9.</small></p>	<p><b>Please send queries / completed form to:</b></p> <p><b>Viki Muller, Covenant Health Palliative Institute</b></p> <p>(Email) <a href="mailto:viki.muller@covenanthealth.ca">viki.muller@covenanthealth.ca</a></p> <p>(T) 780.735-7493      (Fax) 780.735.7302</p> <p>416, St. Marguerite Health Science Bldg. Grey Nuns Hospital</p> <p>1090 Youville Dr. West. Edmonton, AB T6L 0A3 Canada</p>
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