Alberta Health Services (AHS) Edmonton Zone Palliative Care Program
Covenant Health (CH) Palliative Institute
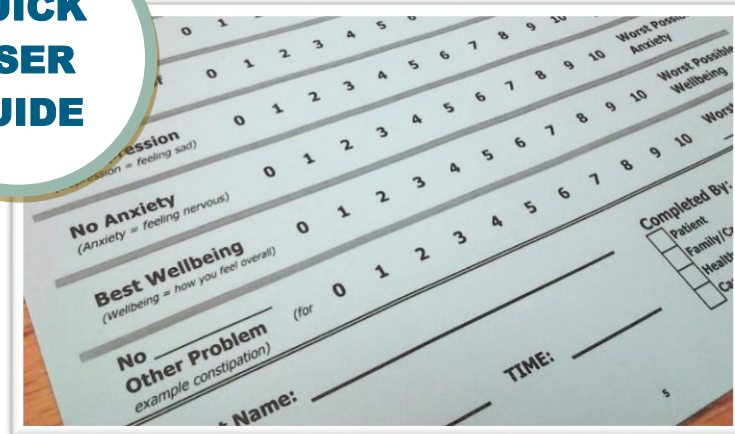**Division of Palliative Care Medicine, Department of Oncology, University of Alberta**

Edmonton Symptom Assessment System – Revised (ESAS-r)

Quick User Guide

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What is the Edmonton Symptom Assessment System – Revised (ESAS-r)?

The ESAS-r helps to assess nine common symptoms in palliative care patients.
The ESAS-r is *one valuable part of a holistic clinical assessment.* It is not a complete symptom assessment in itself.

Why?

The goal of this tool is to retrieve the patient's perspective of symptoms. It helps to direct treatment and to assess for treatment effects.

How?

The patient should be instructed to rate the severity of each symptom on a *0 to 10 scale*, where 0 represents absence of the symptom and 10 represents the worst possible severity. The number should be circled on the scale.
The circled numbers can be transcribed onto the *ESAS-r graph*.

The patient should be instructed to rate each symptom according to how he or she feels *now*. The health care professional may choose to ask additional questions about the severity of symptoms at other time points (e.g. symptom severity at best and at worst over the past 24 hours). It is recommended to review the symptoms that can be more problematic for patients to understand (see symptom definitions).

When?

The ESAS-r captures the pattern of symptom severity at a point in time. Repeating the assessment will track the changes over time. It is good practice to do the ESAS-r at an initial encounter with the patient and during each telephone or personal contact. If symptoms are in good control, then the ESAS-r could be completed less frequently. In some settings, such as in hospice and on tertiary palliative care units, the ESAS-r should be completed daily.

Who?

➤ It is preferable for the patient to provide ratings of symptom severity by himself/herself.
➤ If the patient cannot independently provide ratings but can still provide input (e.g. when the patient is mildly cognitively impaired), then the ESAS-r is completed with the assistance of a caregiver (a family member, friend, or health professional closely involved in the patient's care).
➤ If the patient cannot participate at all, then the caregiver completes the ESAS-r alone. The caregiver assesses the remaining symptoms as objectively as possible.

Objective symptom indicators:	
Pain	Grimacing, guarding against painful maneuvers
Tiredness	Increased amount of time spent resting
Drowsiness	Decreased level of alertness
Nausea	Retching or vomiting
Appetite	Quantity of food intake
Shortness of Breath	Increased respiratory rate or effort that appears to be causing distress to the patient
Depression	Tearfulness, flat affect, withdrawal from social interactions, irritability, decreased concentration and/or memory, disturbed sleep pattern
Anxiety	Agitation, flushing, restlessness, sweating, increased heart rate (intermittent), shortness of breath
Wellbeing	How the patient appears overall

The person who completed the ESAS-r should be indicated at the bottom of the tool and graph.

Where?

The ESAS-r is used in any setting where palliative care patients are assessed and cared for.

Symptom definitions (for problematic symptoms):		Examples of other symptoms people may want to include:
Tiredness	Lack of energy	Constipation, itch, swelling, cough, dizziness, and diarrhea.
Drowsiness	Feeling sleepy	
Depression	Feeling sad	**What to do if patient is unable to translate symptom severity into numbers:**
Anxiety	Feeling nervous	The patient could use the verbal categories of none, mild, moderate or severe instead.
Wellbeing	How you feel overall	

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Edmonton Symptom Assessment System (revised version) (ESAS-r)

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

Patient's Name _____

Date _____ Time _____

Completed by (check one):
- Patient
- Family caregiver
- Health care professional caregiver
- Caregiver-assisted

ESAS-r English v.1: 01-Nov-12

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Edmonton Symptom Assessment System Graph (ESAS-r)

Date / Pain / Tiredness / Drowsiness / Nausea / Lack of Appetite / Shortness of Breath / Depression / Anxiety / Well being / Other / Mini-Mental (Normal ____) / PPS
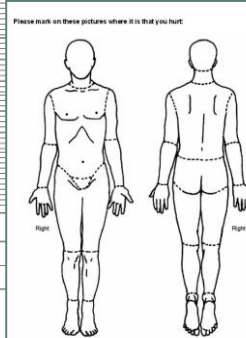
Completed by
P = Patient
F = Family Caregiver
H = HCP Caregiver
C = caregiver-assisted

Level of Education _____
Cage Score _____

Please mark on these pictures where it is that you hurt

Right / Right

Revised: November 2010

The revised Edmonton Symptom Assessment System Revised (ESAS-r) [1] replaces the ESAS [2].
The ESAS-r is freely available for use and can be downloaded at
https://www.albertahealthservices.ca/info/Page14559.aspx

[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.
[2] Bruera E, Kuehn N, Miller MJ, Selmser 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.