



**Edmonton Symptom Assessment System:
Numerical Scale**
Northern Alberta Renal Program

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 itching	0	1	2	3	4	5	6	7	8	9	10	Worst possible itching
No shortness of breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath
No problem sleeping	0	1	2	3	4	5	6	7	8	9	10	Worst possible problem sleeping

Patient's Name _____

Date _____ Time _____

Complete by (*check one*)

- Patient
- Caregiver
- Caregiver assisted

BODY DIAGRAM ON REVERSE SIDE

Please mark on these pictures where it is you hurt.

