

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

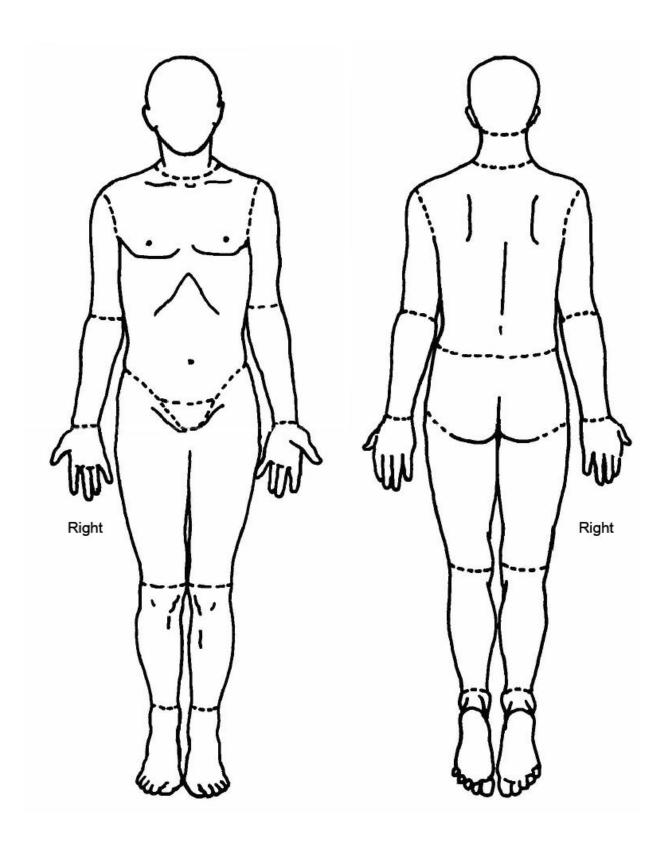
Please circle the number that best describes how you feel NOW:

A ffix	natient	lohol	within	thio	hov

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 sleep)	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 Appetitie	
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 or	0 verall)	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing	
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 Restless Legs	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Restless Legs	
No	0	1	2	3	4	5	6	7	8	9	10	Worst Possible	
Other Problem (For example constipation)													
Patient Name									Completed by (check one) ☐ Patient ☐ Family Caregiver				
Date (yyyy-Mon-dd)					Time (hh:mm)			☐ Health Care Professional Caregiver☐ Caregiver-assistedBody Diagram on Reverse					

20351 (Rev2016-11) Side A

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



20351 (Rev2016-11) Side B