



## FH\* Modified Edmonton Symptom Assessment System

Please circle the number for each symptom that best describes how you are feeling <u>right now</u> .		
No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
No weakness*	0 1 2 3 4 5 6 7 8 9 10	Worst possible weakness
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 possible appetite	0 1 2 3 4 5 6 7 8 9 10	No appetite
Best sensation of wellbeing*	0 1 2 3 4 5 6 7 8 9 10	Worst sensation of wellbeing
No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst shortness of breath
Other problems _____	0 1 2 3 4 5 6 7 8 9 10	
<p><b>Which symptom or symptoms are you <u>most</u> concerned about today? Put a mark (X) next to that/those symptoms.</b></p> <p>Patient Location: _____ PPS: _____</p> <p>Completed by:</p> <p> <input type="checkbox"/> Myself                <input type="checkbox"/> Spouse / Partner                <input type="checkbox"/> Relative / Friend                <input type="checkbox"/> Nurse         </p> <p style="text-align: right; margin-right: 50px;">_____</p> <p style="text-align: right; margin-right: 50px;">(Signature)</p> <p style="text-align: center; font-size: small;">* when not completed by the patient - leave (*) blank</p>		