



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

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 **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Tiredness
(Tiredness = lack of energy)

No Drowsiness **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Drowsiness
(Drowsiness = feeling sleepy)

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 **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Depression
(Depression = feeling sad)

No Anxiety **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Anxiety
(Anxiety = feeling nervous)

Best Wellbeing **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Wellbeing
(Wellbeing = how you feel overall)

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

Patient's Name _____

Date _____ Time _____

Completed by (check one):

- Patient
- Family caregiver
- Health care professional caregiver
- Caregiver-assisted

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

