

Patient Label

**Edmonton Symptom Assessment System
Revised: Parkinson's Disease (ESAS-R: PD)****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	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
 Healthcare professional caregiver
 Caregiver assisted

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**Edmonton Symptom Assessment System
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Please circle the number that best describes how you feel NOW:

No Stiffness **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Stiffness

No Constipation **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Constipation

No Swallowing Difficulties **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Swallowing Difficulties

No Confusion **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Confusion

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

