



Patient Name: _____ Date: _____

MODIFIED EDMONTON SYMPTOM ASSESSMENT SCALE

1a. Please rate your pain now

1. No pain
2. Mild pain
3. Moderate pain
4. Severe pain

1b. Please rate your pain over the past 3 days

1. No pain
2. Mild pain
3. Moderate pain
4. Severe pain

1c. Is your pain control acceptable to you?

1. Very acceptable
2. Acceptable
3. Not acceptable

2. How would you describe your activity level during the past 3 days?

1. Very active
2. Somewhat active
3. Minimally active
4. Not active

3. How would you describe the amount of nausea during the last 3 days?

1. Not nauseated
2. Mildly nauseated
3. Moderately nauseated
4. Very nauseated

4a. How would you describe your constipation during the past 3 days?

1. No constipation
2. Mild constipation
3. Moderate constipation
4. Severe constipation

4b. When was your last bowel movement?

1. Today
2. Yesterday
3. 2-3 days ago
4. More than 4 days ago



5. How would you describe your feelings of depression during the last 3 days?
 1. Not depressed
 2. Mildly depressed
 3. Moderately depressed
 4. Very depressed

6. How would you describe your feelings of anxiety during the last 3 days?
 1. Not anxious
 2. Mildly anxious
 3. Moderately anxious
 4. Very anxious

7. How would you describe your level of fatigue during the last 3 days?
 1. Not fatigued
 2. Mildly fatigued
 3. Moderately fatigued
 4. Very fatigued

8. How has your appetite been during the last 3 days?
 1. Very good appetite
 2. Moderate appetite
 3. Poor appetite
 4. No appetite

9. How would you describe your sensation of well being during the last 3 days?
 1. Very good sensation of well being
 2. Moderately sensation of well being
 3. Not very good sensation of well being
 4. Poor sensation of well being

10. How short of breath have you been in the last 3 days?
 1. No shortness of breath
 2. Mild shortness of breath
 3. Moderate shortness of breath
 4. Very short of breath

11. How has your physical discomfort been during the last 3 days?
 1. No physical discomfort
 2. Mild physical discomfort
 3. Moderate physical discomfort
 4. Severe physical discomfort