

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 last 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

4. How would you describe your level of constipation in the last 3 days?

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

4a. 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 good 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 during 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