Symptom Assessment

BCRenal
Provincial Health Services Authority

Dear Patient/Family Member,

It is important that your care team understand and monitor your symptoms that affect your quality of life over time. The checklist on the other side of this page helps us do this.

Some people with kidney disease may experience symptoms that affect their lives. Common symptoms include:

- feeling generally unwell
- pain
- feeling sad, “blue”, or depressed
- nausea
- low energy
- feeling anxious or worried
- poor appetite
- restless legs

Please turn this page over and complete the My Symptom Checklist. We want to know how you have felt **in the past week**. This will help us to monitor what symptoms you have, and to understand how they affect your life. We may not be able to relieve all your symptoms; however, we will try to help improve your overall well being.

Do you have any questions or concerns about this checklist? Please ask us.

Yours sincerely,

Your Kidney Care Team

BC Children's Hospital · fraserhealth Better health. Best in health care. · Interior Health · island health · northern health the northern way of caring · Providence Health Care How you want to be treated. · Vancouver CoastalHealth Promoting wellness. Ensuring ca

My Symptom Checklist*

It is important that your care team understand and monitor your symptoms over time. This checklist helps us do this. For more information, please see letter on the other side of this form.

Date: _____ (DD-MMM-YYYY)

Time: _____ (HR 24:MI)

PATIENT INFORMATION/LABEL

Name:

Address:

Phone:

PHN:

Please circle the number that best describes how you have been feeling over the PAST WEEK with each symptom.

Scale: 0 = no symptom 10 = the worst possible for the symptom

No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
Not tired (tired= lack of energy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible tiredness
Not nauseated (feeling like throwing up)	0 1 2 3 4 5 6 7 8 9 10	Worst possible nausea
Not depressed (depressed= feeling sad)	0 1 2 3 4 5 6 7 8 9 10	Worst possible depression
Not anxious (anxious= feeling nervous)	0 1 2 3 4 5 6 7 8 9 10	Worst possible anxiety
Not drowsy (drowsy= feeling sleepy)	0 1 2 3 4 5 6 7 8 9 10	Worst possible drowsiness
Best appetite (feeling hungry)	0 1 2 3 4 5 6 7 8 9 10	Worst possible appetite
Best feeling of wellbeing (how you feel overall)	0 1 2 3 4 5 6 7 8 9 10	Worst possible feeling of wellbeing

*Adapted from the Edmonton Symptom Assessment System-revised: Renal (ESAS-r: Renal) with permission.

Please circle the number that best describes how you have been feeling over the PAST WEEK with each symptom.

Scale: 0 = no symptom 10 = the worst possible for the symptom

No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst possible shortness of breath
No itch	0 1 2 3 4 5 6 7 8 9 10	Worst possible itch
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
Any other symptom or concern? Please specify:		
No symptom	0 1 2 3 4 5 6 7 8 9 10	Worst possible symptom

This section to be completed by staff.

Scale completed by: (check one)

☐ Patient

☐ Care Team Member Assisted

☐ Family Member

☐ Patient refused (note why if known): _____

☐ See progress notes for follow up on symptoms

☐ Care plan updated

☐ Results entered in PROMIS

Enter date:_____ Entered by: _____

*Adapted from the Edmonton Symptom Assessment System-revised: Renal (ESAS-r: Renal) with permission.