

Edmonton Symptom Assessment System (ESAS)

Vennligst sett ring rundt det tallet som best beskriver hvordan du har det NÅ:

Ingen smerte	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig smerte
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Ingen slapphet (Slapphet=mangel på krefter)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig slapphet
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Ingen døsighet (Døsighet=å føle seg søvnig)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig døsighet
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Ingen kvalme	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig kvalme
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Ikke nedsatt matlyst	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig nedsatt matlyst
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Ingen tung pust	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig tung pust
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Ingen depresjon (Depresjon=å føle seg nedstemt)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig depresjon
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Ingen angst (Angst=å føle seg urolig)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig angst
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Best tenkelig velvære (Velvære=hvordan du har det alt tatt i betraktning)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig velvære
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Ingen _____ Annet problem (f. eks. forstoppelse)	0	1	2	3	4	5	6	7	8	9	10	Verst tenkelig _____
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Pasientens navn: _____

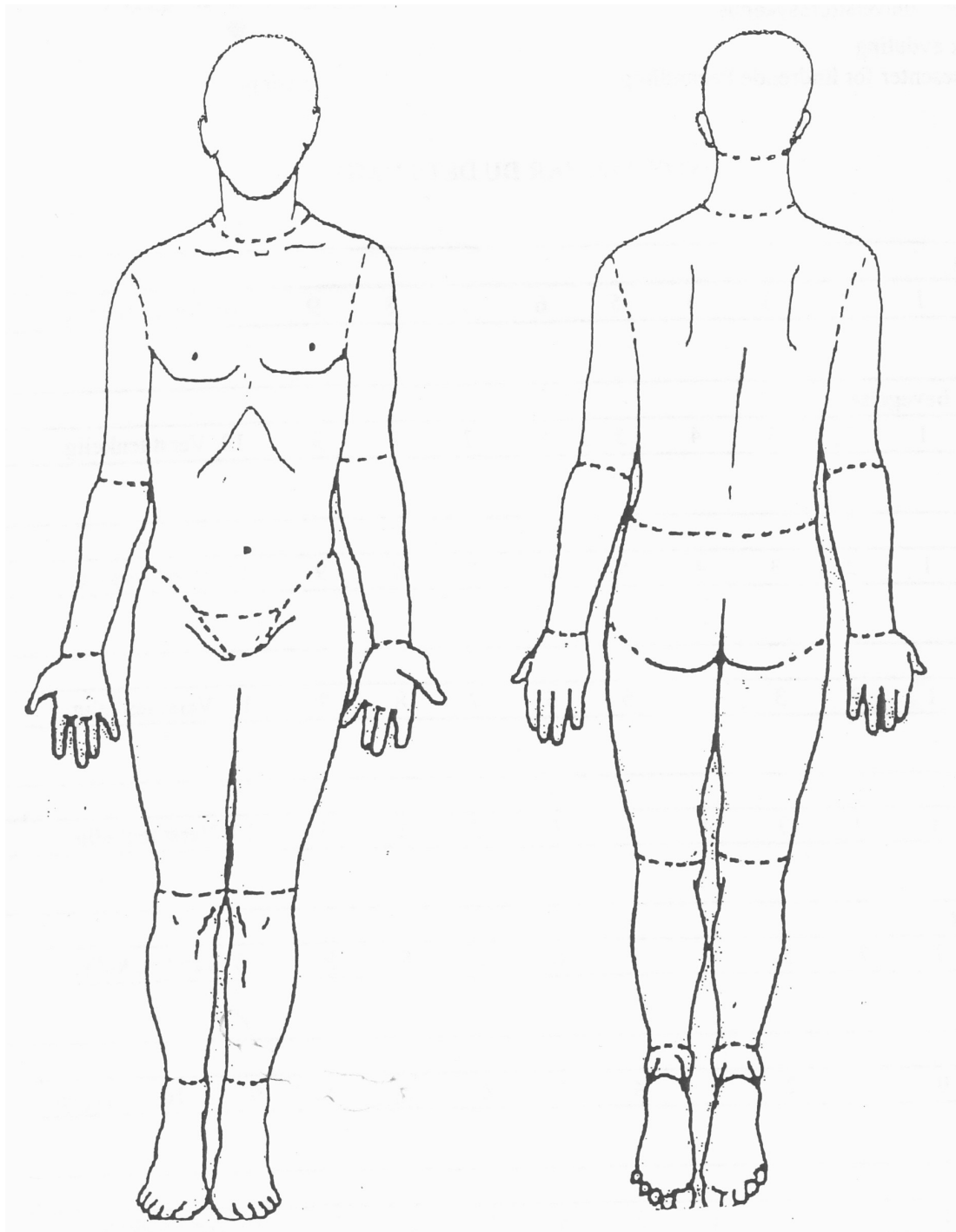
Dato: _____

Tidspunkt: _____

Fylt ut av (sett et kryss):

- Pasient
- Pårørende
- Helsepersonell
- Pasient med hjelp fra pårørende eller helsepersonell

SMERTEREGISTRERING



Smertens karakter:

1. Konstant

2. Ujevn

3. Utløst av bevegelse

A. Verkende	G. Brennende
B. Pulserende	H. Utstrålende
C. Stikkende	I. Sviende
D. Skjærende	J. Ilende
E. Rivende	K. Annet
F. Trykkende	