

**Sri Sathya Sai Palliative Care Center - Puttaparthi**  
**Admission - Symptom Assessment Form (ESAS)**

Patient Name/Age/Gender:

Patient ID:

Diagnosis:

**ESAS**

<b>Date -&gt;</b>							
PPS							
Score 0 to 10	0 -> Not at all		10 - Worst possible				
Pain							
Tiredness							
Drowsiness							
Nausea/Vomitting							
Lack of Appetite							
Shortness of Breath							
Depression							
Anxiety							
Lack of Well-being							
Constipation							
Bleeding							
Confusion							

**Assessment** (Mention what is relevant)

Last Bladder Void time							
Last Bowel Void time							
Feeding							
BP							
Pulse							
SPO2							
RR							
Temp							
GRBS							
Physical Ability							
Self Care							
Delirium Score							
On Medications:							
Others: (IV Canula etc)							

Nurse Assessed: