

Patient Label

**Edmonton Symptom Assessment System
Revised: Parkinson's Disease (ESAS-R: PD)**

Please circle the number that best describes how you feel NOW:

No Stiffness **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Stiffness

No Constipation **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Constipation

No Swallowing Difficulties **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Swallowing Difficulties

No Confusion **0 1 2 3 4 5 6 7 8 9 10** Worst Possible Confusion

Please mark on these pictures where it is that you hurt:

