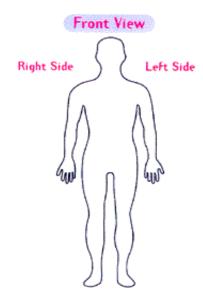
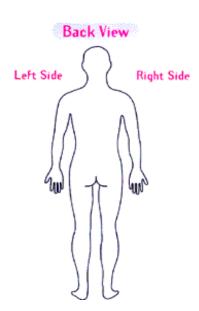
## OKLAHOMA DEPARTMENT OF CORRECTIONS Edmonton Symptom Assessment System Numerical Scale

Please circle the number that best describes:

No Pain												Worst Pain
	0	1	2	3	4	5	6	7	8	9	10	
Not tired												Worst possible
Not tired	0	1	2	3	4	5	6	7	8	9	10	tiredness
Not nauseated											Worst possible	
Not Hauseateu	0	1	2	3	4	5	6	7	8	9	10	nausea
Not depressed												Worst possible
riot doprocod	0	1	2	3	4	5	6	7	8	9	10	depression
Not anxious												Worst possible
	0	1	2	3	4	5	6	7	8	9	10	anxiety
Not drowsy												Worst possible
	0	1	2	3	4	5	6	7	8	9	10	drowsiness
Best appetite												Worst possible
zoot appoint	0	1	2	3	4	5	6	7	8	9	10	appetite
Best feeling												Worst possible
of wellbeing	0	1	2	3	4	5	6	7	8	9	10	feeling of wellbeing
No shortness												Worst possible
of breath	0	1	2	3	4	5	6	7	8	9	10	shortness of breath

Please mark on these pictures where it is you are hurting.





Completed by: $\square$ Inmate $\square$ Healthcare professional Name/Title: _	Date:
Inmate Name (Last, First)	ODOC #