OKLAHOMA DEPARTMENT OF CORRECTIONS
Edmonton Symptom Assessment Graph

Symptom	Scale	Month:					Month:					Month:					Month:				
		Week 1	Week 2	Week 3	Week 4	Week 5	Week 1	Week 2	Week 3	Week 4	Week 5	Week 1	Week 2	Week 3	Week 4	Week 5	Week 1	Week 2	Week 3	Week 4	Week 5
Pain	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Tiredness	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Nausea	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Depression	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Anxiety	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Drowsiness	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Appetite	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Wellbeing	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Shortness of breath	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				
Other	0																				
	1																				
	2																				
	3																				
	4																				
	5																				
	6																				
	7																				
	8																				
	9																				
	10																				

Offender Name
(Last, First)

DOC #