

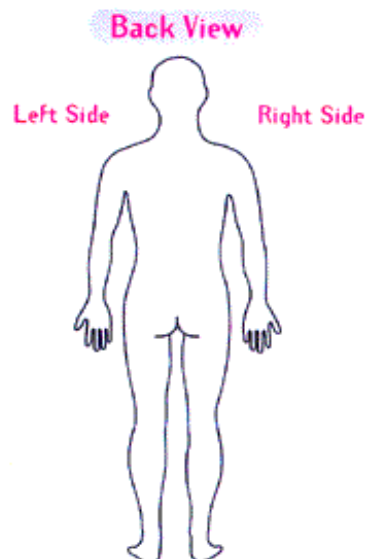
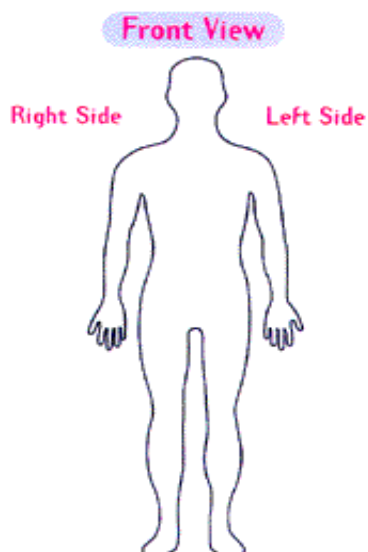
OKLAHOMA DEPARTMENT OF CORRECTIONS

Edmonton Symptom Assessment System Numerical Scale

Please circle the number that best describes:

No Pain	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst Pain
Not tired	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible tiredness
Not nauseated	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible nausea
Not depressed	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible depression
Not anxious	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible anxiety
Not drowsy	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible drowsiness
Best appetite	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible appetite
Best feeling of wellbeing	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible feeling of wellbeing
No shortness of breath	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px 0;"> 012345678910 </div>	Worst possible shortness of breath

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



Completed by: ☐ Inmate ☐ Healthcare professional Name/Title: _____ Date: _____

Inmate Name
(Last, First)

ODOC #