

Symptom Assessment Scale (SAS)*



Please complete the following:

Gender (circle one) male/female
 Age (circle one) 10-25 26-50 51-65 66-80 81-95 96-110

Circle the number that best describes how you feel before watching comedy video "When Ivy Push Comes to Shove"

No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	worst possible nausea
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	worse possible drowsiness
Not anxious	0	1	2	3	4	5	6	7	8	9	10	worst possible anxiety
Best possible feeling of well-being	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of well-being
Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath

Circle the number that best describes how you feel after watching comedy video "When Ivy Push Comes to Shove"

No pain	0	1	2	3	4	5	6	7	8	9	10	worst possible pain
Not tired	0	1	2	3	4	5	6	7	8	9	10	worst possible tiredness
Not nauseated	0	1	2	3	4	5	6	7	8	9	10	worst possible nausea
Not drowsy	0	1	2	3	4	5	6	7	8	9	10	worse possible drowsiness
Not anxious	0	1	2	3	4	5	6	7	8	9	10	worst possible anxiety
Best possible feeling of well-being	0	1	2	3	4	5	6	7	8	9	10	Worst possible feeling of well-being
Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst possible shortness of breath

Additional comments

Please fax this form to **Ivy Pushes Comedy Productions 808-826-6286**
 or mail to **4209 Kinau Place, Princeville, HI 96722.**

Office use only

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

* modified from the
 Edmonton Symptom
 Assessment Scale
 (ESAS)