Symptom Assessment Scale (SAS)

Symptom Assessment Scale (SAS) describes the patient's level of distress relating to individual physical symptoms. The key symptoms in the scale are the seven most common symptoms experienced by palliative patients: difficulty sleeping, appetite problems, nausea, bowel problems, breathing problems, fatigue and pain. The instrument is ideally a patient rated tool but is structured to either allow the patient, family member or clinician to assess the symptoms.

How to assess SAS

1. Determine if the patient can rate the degree of their distress for each symptom. Where unable a family member or clinician rates the degree of distress based on observations and other assessments.
2. Utilise the SAS brochure and SAS Form to assist the patient to rate symptom distress on a scale of 0-10. Symptoms that are not present are given a rating of ‘0’. Symptoms that are present are rated on a scale of 1 to 10. Additional symptoms (e.g., multiple pain sites, vomiting, cough) may be added in the blank spaces on the form and assessed in the same way.
3. Assess on admission or at episode start.
4. Assess routinely. A minimum of daily in an inpatient setting, at each visit in a community setting or each consult.
5. Assess whenever there is a phase change and at episode end when the patient is discharged.
6. Assessment may be conducted face to face or over the phone.
7. Record the score as assessed.

Examples of questions

"We assess some common symptoms you may be experiencing by asking you to rate the distress caused by each symptom with a number from 0-10."

"When I ask you about your symptoms, can you rate them by giving a score of 0 to indicate that the symptom is not causing you any distress or 10 to indicate the symptom is causing you the worst possible distress. Numbers 1 through to 9 indicate somewhere in between.

"[...] yesterday you told me that you were sleeping rather well and you gave a distress rating of 2. Are there any changes today?"

"[...] are your bowels still troubling you? The last few days you’ve given a distress rating of 6 or 7. Have the new medications helped? What is the score today?"

"I’m not observing any signs of pain from your mother today. Do you feel that a score of 0 being no distress relating to pain is correct or have you observed signs of discomfort that could be related to pain?"

For further information, please refer to the SAS forms and SAS PowerPoint presentation located on your PCOC USB flash drive or go www.pcoc.org.au

References for SAS: