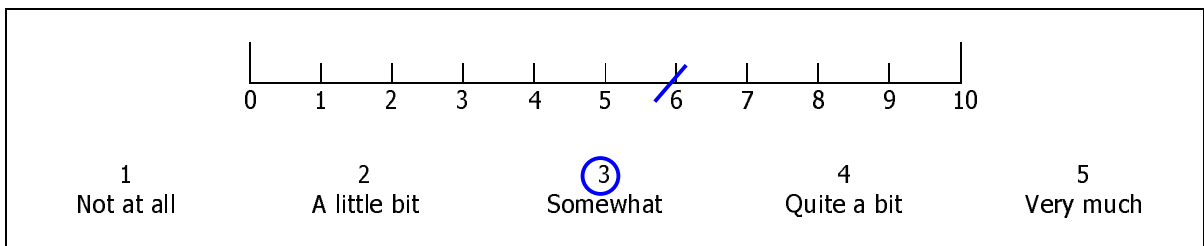# WoSSAC Symptom Evaluation Grid

INSTRUCTIONS FOR USE
Fill in the Grid for each symptom once the patient has completed the self-assessment chart. For severity record the level by counting the number of lines from left (0) to the patient's mark and then colour in an equal number of blocks. Record the level of interference (circled number) in the box below the severity scale (see example).

Patient Name: _____

Hospital Number: _____

Ward: _____

(or affix Patient Label)

Example

```
         |   |   |   |   |   |   /   |   |   |   |
         0   1   2   3   4   5   6   7   8   9   10

    1              2           3           4           5
 Not at all   A little bit  Somewhat  Quite a bit  Very much
```

EXAMPLE	DATE	0/00											
	Severity	▨											
	Interference	3											

	DATE												
1. PAIN FROM WOUND	Severity												
	Interference												
2. PAIN DURING DRESSING CHANGE	Severity												
	Interference												
3. LEAKAGE OF EXUDATE	Severity												
	Interference												
4. BLEEDING FROM WOUND	Severity												
	Interference												
5. SMELL FROM WOUND	Severity												
	Interference												
6. ITCHING RELATED TO WOUND	Severity												
	Interference												

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