Toronto Symptom Assessment System for Wounds (TSAS-W)

Patient's Name: ___________________________ Date: ___    ____   ______   Time: ______

Study ID: _____________ Wound ID: ___________ Wound assessment number: ___________

Wound Location:
- 1 □ Face/Head/Neck
- 2 □ Chest/Breast
- 3 □ Abdomen/Flank
- 4 □ Upper/Lower Back
- 5 □ Upper Extremity
- 6 □ Lower Extremity
- 7 □ Pelvis/Hips
- 8 □ Perineum/Genitalia
- 9 □ Sacrum/Coccyx
- 10 □ Foot (excluding heel)
- 11 □ Heel

Side: 1 □ Left  2 □ Right  3 □ Center Describe location further if needed: __________________________

Wound Class:
- 1 □ Malignant
- 2 □ Pressure Ulcer
- 3 □ Traumatic
- 4 □ Diabetic Foot ulcer
- 5 □ Venous ulcer
- 6 □ Arterial ulcer
- 7 □ Iatrogenic
- 8 □ Infection/Inflammatory
- 9 □ Ostomy
- 10 □ Other

Stage: ___________ Size: ___________ (cm²)

*Please circle the number that best describes your wound-related symptoms over the past 24 hours:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain with dressings and/or debridement</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Pain with dressings and/or debridement</td>
</tr>
<tr>
<td>No Pain between dressings and/or debridement</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Pain between dressings and/or debridement</td>
</tr>
<tr>
<td>No Drainage or Exudation</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe and/or continuous Drainage or Exudation</td>
</tr>
<tr>
<td>No Odor</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Odor</td>
</tr>
<tr>
<td>No Itching</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Itching</td>
</tr>
<tr>
<td>No Bleeding</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe and/or continuous Bleeding</td>
</tr>
<tr>
<td>No Cosmetic or Aesthetic concern and/or distress</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Cosmetic or Aesthetic concern and/or distress</td>
</tr>
<tr>
<td>No Swelling or Edema around wound</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Swelling or Edema around wound</td>
</tr>
<tr>
<td>No Bulk or Mass effect from wound</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Bulk or Mass effect from wound</td>
</tr>
<tr>
<td>No Bulk or Mass effect from dressings</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
<td>Most severe Bulk or Mass effect from dressings</td>
</tr>
</tbody>
</table>

Completed by:  1 □ Patient  2 □ Patient assisted by caregiver  3 □ Caregiver