

# Toronto Symptom Assessment System for Wounds (TSAS-W)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
dd mm yyyy

Study ID: \_\_\_\_\_ Wound ID: \_\_\_\_\_ Wound assessment number: \_\_\_\_\_

- Wound Location:**
- |   |   |   |
|---|---|---|
| 1 <input type="checkbox"/> Face/Head/Neck   | 5 <input type="checkbox"/> Upper Extremity    | 9 <input type="checkbox"/> Sacrum/Coccyx          |
| 2 <input type="checkbox"/> Chest/Breast     | 6 <input type="checkbox"/> Lower Extremity    | 10 <input type="checkbox"/> Foot (excluding heel) |
| 3 <input type="checkbox"/> Abdomen/Flank    | 7 <input type="checkbox"/> Pelvis/Hips        | 11 <input type="checkbox"/> Heel                  |
| 4 <input type="checkbox"/> Upper/Lower Back | 8 <input type="checkbox"/> Perineum/Genitalia |   |

Side: 1  Left 2  Right 3  Center Describe location further if needed: \_\_\_\_\_

- Wound Class:**
- |   |  |   |
|---|--|---|
| 1 <input type="checkbox"/> Malignant      | 4 <input type="checkbox"/> Diabetic Foot ulcer | 7 <input type="checkbox"/> Iatrogenic             |
| 2 <input type="checkbox"/> Pressure Ulcer | 5 <input type="checkbox"/> Venous ulcer        | 8 <input type="checkbox"/> Infection/Inflammatory |
| 3 <input type="checkbox"/> Traumatic      | 6 <input type="checkbox"/> Arterial ulcer      | 9 <input type="checkbox"/> Ostomy                 |
|   |  | 10 <input type="checkbox"/> Other                 |
- Stage: \_\_\_\_\_ Size: \_\_\_\_\_ (cm<sup>2</sup>)

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

- |   |                        |  |
|---|------------------------|--|
| No Pain <b>with</b> dressings and/or debridement    | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Pain <b>with</b> dressings and/or debridement    |
| No Pain <b>between</b> dressings and/or debridement | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Pain <b>between</b> dressings and/or debridement |
| No Drainage or Exudation                            | 0 1 2 3 4 5 6 7 8 9 10 | Most severe and/or continuous Drainage or Exudation          |
| No Odor   | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Odor   |
| No Itching  | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Itching  |
| No Bleeding   | 0 1 2 3 4 5 6 7 8 9 10 | Most severe and/or continuous Bleeding                       |
| No Cosmetic or Aesthetic concern and/or distress    | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Cosmetic or Aesthetic concern and/or distress    |
| No Swelling or Edema <b>around</b> wound            | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Swelling or Edema <b>around</b> wound            |
| No Bulk or Mass effect from <b>wound</b>            | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Bulk or Mass effect from <b>wound</b>            |
| No Bulk or Mass effect from <b>dressings</b>        | 0 1 2 3 4 5 6 7 8 9 10 | Most severe Bulk or Mass effect from <b>dressings</b>        |

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