Organisation name Site or unit		FORM Symptom assessment chart	
Document ID	HSP-FRM-001	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · HSP-FRM-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 10.1

1. Purpose

Records the validated score for each symptom at each assessment, and the change to the plan.

2. How to complete

- Use the same validated tool each time.
- Record the score and the time.
- Record any change to the plan.

3. Checks

Check	Entry
Validated tool used (name)	Yes
Pain score and time	Yes
Breathlessness, nausea, anxiety, agitation scores	Yes
Plan changed (yes or no) and reason	Yes
Next review date	Yes
Recorded by and date	Yes

4. Evidence

Reference	Note
E-009	Based on the WHO Palliative Care guidance and the WHO Package of Essential Noncommunicable Disease interventions (2020).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF