

IMMOBILIZATION
COMFORT QUESTIONNAIRE

Appendix B

Thank you for participating in this research study. The statement below may describe the comfort you are feeling right now. Each statement has four numbers. Please circle the number that matches your feelings of comfort the best. Relate these statements to your comfort at the moment you are answering the questions, for these questions will be asked again. Circle only one number.

	Strongly Agree 6	5	4	3	2	Strongly Disagree 1
1. My body is relaxed right now.	6	5	4	3	2	1
2. The sounds keep me from resting.	6	5	4	3	2	1
3. Pain in my back bothers me.	6	5	4	3	2	1
4. I am constipated right now.	6	5	4	3	2	1
5. I feel healthy right now.	6	5	4	3	2	1
6. It is easy to eat in this position.	6	5	4	3	2	1
7. I feel depressed.	6	5	4	3	2	1
8. My pain is difficult to endure.	6	5	4	3	2	1
9. I have a loved one(s) who makes me feel cared for.	6	5	4	3	2	1
10. My leg feels numb.	6	5	4	3	2	1
11. I am not hungry.	6	5	4	3	2	1
12. This bed is comfortable.	6	5	4	3	2	1
13. My groin feels tender.	6	5	4	3	2	1
14. I feel dependent on others.	6	5	4	3	2	1
15. The temperature in this room is fine.	6	5	4	3	2	1
16. I am comfortable in this position.	6	5	4	3	2	1
17. I need to feel good again.	6	5	4	3	2	1
18. My muscles ache from being in one position.	6	5	4	3	2	1
19. I feel peaceful.	6	5	4	3	2	1
20. I have enough information about my test results.	6	5	4	3	2	1

Questionnaire adapted from Katherine Kolcaba's General Comfort Questionnaire.