

Date \_\_\_\_\_

Code # \_\_\_\_\_

Hospice Comfort Questionnaire (Patient)

Below are statements that pertain to your comfort right now. Six numbers are provided for each question; please circle the number you think most closely matches your feeling. Relate these questions to your comfort at the moment you are answering the questions.

.....	Strongly Agree			Strongly Disagree		
1. My body is relaxed right now .....	6	5	4	3	2	1
2. My breathing is difficult .....	6	5	4	3	2	1
3. There are those I can depend on when I need help .....	6	5	4	3	2	1
4. I worry about my family .....	6	5	4	3	2	1
5. I know I am loved .....	6	5	4	3	2	1
6. These surroundings are pleasant .....	6	5	4	3	2	1
7. I have difficult resting .....	6	5	4	3	2	1
8. I feel peaceful .....	6	5	4	3	2	1
9. I sleep soundly .....	6	5	4	3	2	1
10. I like being here .....	6	5	4	3	2	1
11. I am nauseated .....	6	5	4	3	2	1
12. I am able to communicate with my loved ones .....	6	5	4	3	2	1
13. I am afraid of what is next .....	6	5	4	3	2	1
14. I have experienced changes which make me feel uneasy .....	6	5	4	3	2	1
15. My mouth and throat feel very dry .....	6	5	4	3	2	1
16. I'm okay with my personal relationships .....	6	5	4	3	2	1
17. I can rise above my pain .....	6	5	4	3	2	1
18. The mood around here is depressing .....	6	5	4	3	2	1
19. This chair (bed) makes me hurt .....	6	5	4	3	2	1
20. I feel confident spiritually .....	6	5	4	3	2	1
21. I feel good enough to do some things for myself .....	6	5	4	3	2	1
22. I feel helpless .....	6	5	4	3	2	1
23. I feel lonely .....	6	5	4	3	2	1
24. In retrospect, I've had a good life .....	6	5	4	3	2	1

