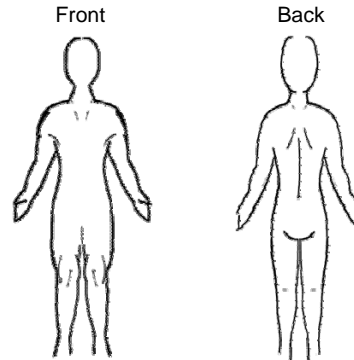


COMFORT ASSESSMENT

PATIENT LAST NAME	FIRST
DATE:	

PAIN

- On the diagram shade the areas where you feel pain.
Put an **X** on the area that hurts most.



- Please rate your pain by circling the one number that best describes your pain
.....at it's worst in the past 24 hours

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

.....right now

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

- Indicate the pattern of pain:

Constant Intermittent Brief No pattern

- Indicate the character/quality of pain which applies

Bone

- Worse with movement
- Muscle aching
- Heavy
- Dull
- Steady
- Tender to pressure

Visceral

- Squeezing
- Deep
- Pressing
- Crushing
- Cramping
- Bloating

Nerve

- Burning
- Tingling
- Sharp/Shooting
- Throbbing
- Numbness
- Light touch painful
- Itching

- What level of pain is acceptable

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

- Symptoms other than pain that cause you problems

Shortness of breath Fatigue Anxiety Insomnia
 Nausea Constipation Other _____

- Circle the one number that describes how, during the last 24 hours, your symptoms have interfered with your comfort.

0 1 2 3 4 5 6 7 8 9 10
Does not interfere Completely interferes

PHYSICAL

8. How much are you suffering due to your symptoms?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

SPIRITUAL

9. How much are you suffering from spiritual distress?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

- Can't get to place of worship Concern about unknown/death Clergy doesn't visit
 Distress/ conflict with belief system Unresolved spiritual issues
 Other _____

PERSONAL OR FAMILY DISTRESS

10. How much are you suffering due to loss of enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

- Regular routines Socializing Hobbies Other _____

11. How much are you suffering due to your concern for your loved ones?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

- Financial Emotional

12. How much are you suffering due to unfinished business?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

13. How much are you suffering due to your fear of the future?

0 1 2 3 4 5 6 7 8 9 10
No suffering Extreme suffering

14. Do you want any help in these areas?

- Physical Spiritual Personal distress Family distress

15. What is your biggest concern?

16. How would you rate your ability to cope with suffering?

0 1 2 3 4 5 6 7 8 9 10
Not able to cope Good ability to cope

17. What, if anything helps you to reduce or cope with your suffering?

Name of staff person assisting with this assessment: _____