

Code # _____

OVARIAN COMFORT QUESTIONNAIRE

Thank you VERY MUCH for helping me in my study of the concept COMFORT. Below are statements that may describe your comfort right now. Four 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.

Below is an example:

	Strongly Agree			Strongly Disagree
I am glad I can fill out this questionnaire about my comfort....	4	3	2	1

1. I have discomfort in my abdomen	4	3	2	1
2. I feel physically less attractive because of my disease	4	3	2	1
3. The brightness of this room is comforting	4	3	2	1
4. My cancer treatments are a burden on my family	4	3	2	1
5. My abdomen is bloated	4	3	2	1
6. My faith helps me trust others	4	3	2	1
7. My illness has caused financial burden	4	3	2	1
8. I feel too close to the patients next to me	4	3	2	1
9. I feel numbness and/or tingling in my hands and/or feet	4	3	2	1
10. I am worried about my future health	4	3	2	1
11. I find it difficult to talk to others about my illness	4	3	2	1
12. The staff interactions make me feel relaxed	4	3	2	1