

## Comfort Questionnaire for patient undergoing oral endotracheal tube and respirator

**Instructions** : Below is a list of your opinion/feelings, while you were under oral intubation and on respirator. Please check one response which best describe your opinion or feeling.

Score 6 refers to most agree or feel as listed the most

Score 1 refers to less agree or feel as listed the less

	Less feel /agree					Most feel /agree
1. I felt calm.	1	2	3	4	5	6
	1	2	3	4	5	6
2. The environment was not private.	1	2	3	4	5	6
3. My condition made me feel frightened.	1	2	3	4	5	6
4. My family/my friend helped me solve a problem.	1	2	3	4	5	6
5. I have a chance to talk to a doctor before getting operation.	1	2	3	4	5	6
6. My modesty was valued.	1	2	3	4	5	6
7. I was so anxious.	1	2	3	4	5	6
	Less feel /agree					Most feel /agree
8. My doctor did not care about my feelings	1	2	3	4	5	6
9. Sounds made me feel anxious.	1	2	3	4	5	6
10. My doctor was polite.	1	2	3	4	5	6
11. I wanted to know more about anesthesia drug.	1	2	3	4	5	6
12. I felt out of control.	1	2	3	4	5	6
13. The atmosphere around here helped lessen anxiety.	1	2	3	4	5	6
14. My quality of care was bad.	1	2	3	4	5	6
15. My wishes were	1	2	3	4	5	6

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accomplished.						
16. No one respected my feelings.	1	2	3	4	5	6
17. I dreamed that I was well	1	2	3	4	5	6
18. The environment here felt safe.	1	2	3	4	5	6
19. The care that I obtained helped me feel confident.	1	2	3	4	5	6
20. I slept without fear.	1	2	3	4	5	6
21. I felt pain at the point that I got the intravenous solution.	1	2	3	4	5	6
22. I was satisfied with care I get here.	1	2	3	4	5	6
23. Doctors here took good care of me.	1	2	3	4	5	6

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