

# Patient Comfort Assessment

Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Home: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Time: \_\_\_\_\_

Questions	YES	NO	Comments
<b>How severe is your pain on a scale of 1-10?</b>  1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10			
<b>Do you call the nurse for relief?</b>			
<b>How long do you wait before the nurse arrives?</b> Minutes _____			
<b>Does the medication received alleviate the pain?</b>			
<b>If yes, How long does it take for the medication to alleviate the pain?</b>			
<b>Does the nurse return to reassess your level of pain following medication administration ?</b>			
<b>Has a Physician seen you today and discussed your pain management?</b>			