

Carolinas Comfort Scale™

NOT FOR USE WITHOUT SCORING ALGORITHM AND LICENSE AGREEMENT



Carolinas Medical Center

*Division of Gastrointestinal and
Minimally Invasive Surgery*

Name: _____
Date of Surgery: _____
Date of Survey: _____

0= No Symptoms
1= Mild but not bothersome symptoms
2= Mild and bothersome symptoms
3= Moderate and/or daily symptoms
4= Severe symptoms
5= Disabling symptoms

**Please answer ALL questions for each of the 8 activities.
Use N/A if an activity was not performed.**

1. While lying down, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A

2. While bending over, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

3. While sitting up, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

4. While performing activities of daily living (i.e. getting out of bed, bathing, getting dressed), do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

5. When coughing or deep breathing, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

6. While walking, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

7. When walking up the stairs, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A

8. While exercising, do you have

a) sensation of mesh	0	1	2	3	4	5	N/A
b) pain	0	1	2	3	4	5	N/A
c) movement limitations	0	1	2	3	4	5	N/A