

COMFORT behavior © scale



Date _____

Time _____

Observer _____

Please place a mark

Alertness

- Deeply asleep (eyes closed, no response to changes in the environment) 1
- Lightly asleep (eyes mostly closed, occasional responses) 2
- Drowsy (child closes his/her eyes frequently, less responsive to the environment) 3
- Awake and alert (child responsive to the environment) 4
- Awake and hyper-alert (exaggerated responses to environmental stimuli) 5

Calmness/Agitation

- Calm (child appears serene and tranquil) 1
- Slightly anxious (child shows slight anxiety) 2
- Anxious (child appears agitated but remains in control) 3
- Very anxious (child appears very agitated, just able to control) 4
- Panicky (severe distress with loss of control) 5

Respiratory response
(score only in mechanically ventilated children)

- No spontaneous respiration 1
- Spontaneous and ventilator respiration 2
- Restlessness or resistance to ventilator 3
- Actively breathes against ventilator or coughs regularly 4
- Fights ventilator 5

Crying
(score only in spontaneously breathing children)

- Quiet breathing, no crying sounds 1
- Occasional sobbing or moaning 2
- Whining (monotonous sound) 3
- Crying 4
- Screaming or shrieking 5

Physical movement

- No movement 1
- Occasional, (three or fewer) slight movements 2
- Frequent, (more than three) slight movements 3
- Vigorous movements limited to extremities 4
- Vigorous movements including torso and head 5

Muscle tone

- Muscles totally relaxed; no muscle tone 1
- Reduced muscle tone; less resistance than normal 2
- Normal muscle tone 3
- Increased muscle tone and flexion of fingers and toes 4
- Extreme muscle rigidity and flexion of fingers and toes 5

Facial tension

- Facial muscles totally relaxed 1
- Normal facial tone 2
- Tension evident in some facial muscles (not sustained) 3
- Tension evident throughout facial muscles (sustained) 4
- Facial muscles contorted and grimacing 5

Total score

VAS (Visual Analogue Scale)
Put a mark on the line below to indicate how much pain you think the child has at **this very moment**.

no pain |-----| worst pain

VAS score

Details medication _____

Details child's condition _____

Type of assessment _____

(before or after medication or standard assessment)
Mean arterial blood pressure and heart rate are not included in this version of the COMFORT Scale.