

Part A : How have you been feeling in the last 24 hours ?

Comfort	None of the time	Some of the time	Usually	Most of the time	All of the time
Able to breathe easily	1	2	3	4	5
Have had a good sleep	1	2	3	4	5
Been able to enjoy food	1	2	3	4	5
Feel rested	1	2	3	4	5

Emotions	None of the time	Some of the time	Usually	Most of the time	All of the time
Having a feeling of general well-being	1	2	3	4	5
Feeling in control	1	2	3	4	5
Feeling comfortable	1	2	3	4	5

Physical Independence	None of the time	Some of the time	Usually	Most of the time	All of the time
Have normal speech	1	2	3	4	5
Able to wash, brush teeth or shave	1	2	3	4	5
Able to look after your own appearance	1	2	3	4	5
Able to write	1	2	3	4	5
Able to return to work or usual home activities	1	2	3	4	5

Patient Support	None of the time	Some of the time	Usually	Most of the time	All of the time
Able to communicate with hospital staff (when in hospital)	1	2	3	4	5
Able to communicate with family or friends	1	2	3	4	5
Getting support from hospital doctors (when in hospital)	1	2	3	4	5
Getting support from hospital nurses (when in hospital)	1	2	3	4	5
Having support from family or friends	1	2	3	4	5
Able to understand instructions and advice	1	2	3	4	5

Score Part A/90 :

Part B : Have you had any of the following in the last 24 hours ?

Comfort	None of the time	Some of the time	Usually	SMost of the time	All of the time
Nausea	5	4	3	2	1
Vomiting	5	4	3	2	1
Dry-retching	5	4	3	2	1
Feeling restless	1	2	3	4	5
Shaking or twtching	5	4	3	2	1
Shivering	5	4	3	2	1
Feeling too cold	5	4	3	2	1
Feeling dizzy	5	4	3	2	1

Emotions	None of the time	Some of the time	Usually	SMost of the time	All of the time
Had bad dreams	5	4	3	2	1
Feeling anxious	5	4	3	2	1
Feeling angry	5	4	3	2	1
Feeling depressed	5	4	3	2	1
Feeling alone	5	4	3	2	1
Had difficulty falling asleep	5	4	3	2	1

Patient Support	None of the time	Some of the time	Usually	SMost of the time	All of the time
Feeling confused	5	4	3	2	1

Pain	None of the time	Some of the time	Usually	SMost of the time	All of the time
Moderate pain	5	4	3	2	1
Severe pain	5	4	3	2	1
Headache	5	4	3	2	1
Muscle pains	5	4	3	2	1
Backache	5	4	3	2	1
Sore throat	5	4	3	2	1
Sore mouth	5	4	3	2	1

Score Part B/110 :

TOTAL J1 (/200) :