



Coping and Comfort Questionnaire

We want to partner with you to understand what helps you to be comfortable during your visit. After completing this questionnaire, please share it with your healthcare provider. We will create a coping and comfort plan in your medical chart helping us to know how to help you each time you visit us.

- What is the best way for doctors or nurses to greet your child? Please Describe: _____

- Which of the following may be helpful? Circle all that apply.
 - Contact Child Life
 - Support upon arriving at the hospital
 - Lower lighting
 - Limit number of people (as possible)
 - Decreased noise level
 - Containment or boundaries
 - Covering of supplies
 - Other, please explain _____

- Is your child sensitive to...(Circle all that apply.)
 - Loud volume
 - Unexpected noises
 - Bright lights
 - Smells or fragrances
 - Texture
 - Being touched
 - Seeks pressure
 - Explain: _____

- Please indicate any behaviors that are likely to require support. Circle all that apply.
 - Rocking, flapping, hand wringing
 - Repetitive self-stimulating vocalizations
 - Self-injuring behaviors
 - Other, please explain: _____

- What is the best way (when medically able) for doctors or nurses to examine your child? Circle all that apply.
 - Communicate each step of the exam
 - Allow your child to examine any instruments him or herself first
 - Hide instruments until their use becomes necessary
 - Model parts of the exam on trusted adult or doctor/nurse
 - Distract (Vibrations, music, etc.)

- Is there a part of the exam that your child may have more difficulty with?
 - Eyes
 - Ears
 - Nose
 - Throat
 - Belly exam
 - Reflexes
 - Blood pressure cuff
 - Stethoscope
 - Tourniquet (for IV insertion)
 - Wearing a gown
 - Wearing an ID band
 - Other, please explain _____

- How does your child express his/her needs/desires? Circle all that apply.
 - ___ Spoken Language
 - How many words are in your child's vocabulary?

 - ___ Sign Language
 - Pictures
 - Electronic device
 - Gesturing or pointing

- Manually leading observer towards object
 - Other _____
- How does your child express pain? Circle all that apply.
 - Crying/screaming
 - Spoken language
 - Self injury
 - Aggression
 - Pointing
 - Other, please explain: _____

 - Preferred position during needle stick/procedure
 - Infant (skin to skin)
 - Lie flat
 - Sit up
 - Comfort hold
 - Held by caregiver
 - Other: _____
 - What helps distract your child during procedure/exam?
 - White noise (Shhhh)
 - Music
 - Mobile
 - Count out loud "1,2,3,poke"
 - Bubbles
 - Book
 - Tablet/Phone
 - Relaxation Toys (pinwheel, stress ball, etc.)
 - Other: _____
- What strategies are helpful your child calm down?
 - Swaddling
 - Patting
 - Pacifier
 - Sucrose
 - Imagery ("my favorite place")
 - Deep breathing
 - Personal book, toy, object
 - Allow distance/space
 - Engage in enjoyable activities
 - Other, please explain: _____
 - Do you have any safety concerns for your child's stay?
 - Yes or no
 - If yes, please explain: _____

What additional information should we know in order to best support you and your child?

Please page your unit Child Life Specialist or call the Child Life referral line at 312-227-3270 for additional support and assistance.

Adapted from:

Kopecky, K., Broder-Fingert, S., Iannuzzi, D., and Connors, S. (2013). The needs of hospitalized patients with autism spectrum disorders: A parent survey. Clinical Pediatrics, 52(7), 652-660. Doi: 10.1177/0009922813485974