

Endoscopist Participant ID #: _____

Date (DD/MM/YYYY): _____

Start Time: _____

End Time: _____

Assessor: _____

Clinical Procedure (circle one): 1 2 3

NURSE ASSESSED PATIENT COMFORT SCORE (NAPCOMS)

Domain	Item	0	1	2	3	Score
Pain	1- Intensity	None or minimal	Mild	Moderate	Severe	
	2- Frequency	None	Few (1 or 2 episodes)	Several times (3-4 episodes)	Frequent (>4 episodes)	
	3- Duration	None	Short duration (episode <30 seconds)	Moderate duration (30 sec-1 minute)	Long duration (episode lasts >1 min)	
	Total Pain Score (Intensity + Frequency + Duration)					
Sedation	Level of consciousness*	Alert	Sleepy but initiates conversation	Responds only when asked or stimulated	Unresponsive or only responds with pronounced simulation	
Global	Tolerability*	Very well tolerated	Reasonably well tolerated	Just tolerated	Poorly tolerated	

*Note: level of consciousness and tolerability are not used in overall score