

INSTRUCTIONS FOR FAMILY OF CRITICALLY ILL PATIENTS

Please check one box that best reflects your views. If the question does not apply to your family member's stay then check the 'Not Applicable' box (N/A)

INFORMATION NEEDS

HOW SATISFIED ARE YOU WITH...

**1 Frequency of Communication
With ICU Doctors?**

How often doctors communicated to you about your family member's condition.


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A
☐

**2 Ease of getting information? Willingness
of ICU staff to answer your questions.**


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A
☐

3 Understanding of Information?

How well ICU staff provided you with explanations that you understood.


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A
☐

4 Honesty of Information?

The honesty of information provided to you about your family member's condition.


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A
☐

5 Completeness of Information?

How well ICU staff informed you what was happening to your family member and why things were being done.


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A

6 Consistency of Information?

The consistency of information provided to you about your family member's condition (Did you get a similar story from the doctor, nurse, etc.)


Very
Dissatisfied
☐ 1


Slightly
Dissatisfied
☐ 2


Mostly
Satisfied
☐ 3


Very
Satisfied
☐ 4


Completely
Satisfied
☐ 5

N/A
☐

PROCESS OF MAKING DECISIONS

During your family member's stay in the ICU, many important decisions were made regarding the health care she or he received. From the following questions, select only **one** answer from each of the following set of ideas that best matches your views:

7 How included or excluded did you feel in the decision-making process?

- ☐ 1 I felt very excluded
- ☐ 2 I felt somewhat excluded
- ☐ 3 I felt neither included nor excluded from the decision-making process
- ☐ 4 I felt somewhat included
- ☐ 5 I felt very included

8 How supported did you feel during the decision-making process?

- ☐ 1 I felt totally unsupported
- ☐ 2 I felt slightly unsupported
- ☐ 3 I felt neither unsupported nor supported
- ☐ 4 I felt supported
- ☐ 5 I felt very supported

9 Did you feel you had control over the care of your family member?

- ☐ 1 I felt really out of control and that the health care system took over and dictated the care my family member received
- ☐ 2 I felt somewhat out of control and that the health care system took over and dictated the care my family member received
- ☐ 3 I felt neither in control or out of control
- ☐ 4 I felt I had some control over the care my family member received
- ☐ 5 I felt that I had good control over the care my family member received

10 When making decisions, did you have adequate time to have your concerns addressed and questions answered?

- ☐ 1 The time I had was definitely inadequate
- ☐ 2 The time I had was slightly inadequate
- ☐ 3 The time I had was adequate
- ☐ 4 The time I had was more than adequate
- ☐ 5 I had a substantial amount of time

Approval Date:
October 26, 2023

IRBNet ID:
2025749-3



How are we doing?

Your Opinions about your Family Member's ICU stay

11 Do you have any suggestions on how to make care provided in the ICU better?

12 Do you have any comments on things we did well?

13 Do you have any suggestions on how we could improve the ICU experience for you and your family member?

Approval Date:
October 26, 2023

IRBNet ID:
2025749-3



How are we doing? *Your Opinions about your Family Member's ICU stay*

DEMOGRAPHICS:

Please complete the following to help us know a little about you and your relationship to the patient.

☐ I am: ☐ Male ☐ Female ☐ Other

☐ I am _____ years old

☐ I am the patient's:

☐ Wife ☐ Husband ☐ Partner
☐ Mother ☐ Father ☐ Sister ☐ Brother
☐ Daughter ☐ Son ☐ Other (Please specify): _____

☐ Before this most recent event, have you been involved as a family member of a patient in an ICU (Intensive Care Unit)?

☐ Yes ☐ No

☐ Do you currently live with the patient? ☐ Yes ☐ No

If no, then on average how often do you see the patient?

☐ More than weekly ☐ Weekly ☐ Monthly ☐ Yearly ☐ Less than once a year

☐ Where do you live?

☐ In the city or town where the hospital is located ☐ Out of town

We would like to thank you very much for your participation and your opinions.