

Study Site: _____ Assigned Surrogate Number (s): S ____ _ . ____ _

Family Satisfaction with Care in the Intensive Care Unit© FS-ICU (24)

Your family member was a patient in this ICU. The questions that follow ask **YOU** about your family member's **most recent ICU admission**. We understand that there were probably many doctors and nurses and other staff involved in caring for your family member. We know that there may be exceptions but we are interested in **your overall assessment** of the quality of care that was delivered to you. We understand that this was probably a very difficult time for you and your family members. We would appreciate you taking the time to provide us with your opinion. Please take a moment to tell us what was done well and what could be done better. Please be assured that all responses are confidential and will not be shared with the doctors or nurses who cared for your family member in the ICU. These questions are not being asked on behalf of the ICU and identifiable information about you will not be shared with this Hospital.

DEMOGRAPHICS:

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

1. I am: ☐ Male ☐ Female [fmsex]

2. I am _____ years old [fmage]

3. I am the patient's: [fmrelate]

- | | | | |
|-----------------------------------|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Wife | <input type="checkbox"/> Husband | <input type="checkbox"/> Partner | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Sister | |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Son | <input type="checkbox"/> Other (Please specify): _____ | |

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

☐ Yes ☐ No

5. Do you live with the patient? ☐ Yes ☐ No [fmlives]

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

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

6. Where do you live? ☐ In the city where the hospital is located ☐ Out of town

Your Opinions about your Family Member's ICU stay

PART 1: SATISFACTION WITH CARE

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).

HOW DID WE TREAT YOUR FAMILY MEMBER (THE PATIENT)

- | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| 1. Concern and Caring by ICU Staff:
The courtesy, respect and compassion your family member (the patient) was given | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q1fsicu] | | | | | |
| Symptom Management: | | | | | | |
| How well the ICU staff assessed and treated your family member's symptoms. | | | | | | |
| 2. Pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q2fsicu] | | | | | |
| 3. Breathlessness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q3fsicu] | | | | | |
| 4. Agitation | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q4fsicu] | | | | | |

HOW DID WE TREAT YOU?

- | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| 5. Consideration of your needs:
How well the ICU staff showed an interest in your needs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q5fsicu] | | | | | |
| 6. Emotional support:
How well the ICU staff provided emotional support | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q6fsicu] | | | | | |
| 7. Co-ordination of care:
The teamwork of all the ICU staff who took care of your family member | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| | Excellent | Very Good | Good | Fair | Poor | N/A |
| | [sec1q7fsicu] | | | | | |

Your Opinions about your Family Member's ICU stay

8. **Concern and Caring by ICU Staff:**
The courtesy, respect and compassion **you** were given [sec1q8fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

NURSES

9. **Skill and Competence of ICU Nurses:**
How well the nurses cared for your family member. [sec1q9fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

10. **Frequency of Communication With ICU Nurses:**
How often nurses communicated to you about your family member's condition [sec1q10fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

PHYSICIANS (All Doctors, including Residents)

11. **Skill and Competence of ICU Doctors:**
How well doctors cared for your family member. [sec1q11fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

THE ICU

12. **Atmosphere of ICU was?** [sec1q12fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

THE WAITING ROOM

13. **The Atmosphere in the ICU Waiting Room was?** [sec1q13fsicu]
- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Excellent | Very Good | Good | Fair | Poor | N/A |

FOR Q14 PLEASE READ RESPONSE OPTIONS CAREFULLY

14. **Some people want everything done for their health problems while others do not want a lot done. How satisfied were you with the LEVEL or amount of health care your family member received in the ICU?** [sec1q14fsicu]
- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Very Dissatisfied | Slightly Dissatisfied | Mostly Satisfied | Very Satisfied | Completely Satisfied |

Your Opinions about your Family Member's ICU stay

PART 2: FAMILY SATISFACTION WITH DECISION-MAKING AROUND CARE OF CRITICALLY ILL PATIENTS

INSTRUCTIONS FOR FAMILY OF CRITICALLY ILL PATIENTS

This part of the questionnaire is designed to measure how you feel about YOUR involvement in decisions related to your family member's health care. In the Intensive Care Unit (ICU), your family member may have received care from different people. We would like you to think about all the care your family member received when you are answering the questions.

PLEASE CHECK <u>ONE</u> BOX THAT BEST DESCRIBES YOUR FEELINGS
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INFORMATION NEEDS

- | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Frequency of Communication With ICU Doctors:
How often doctors communicated to you about your family member's condition
[sec2q1fsicu] | Excellent | Very Good | Good | Fair | Poor | N/A |
| 2. Ease of getting information:
Willingness of ICU staff to answer your questions
[sec2q2fsicu] | Excellent | Very Good | Good | Fair | Poor | N/A |
| 3. Understanding of Information:
How well ICU staff provided you with explanations that you understood
[sec2q3fsicu] | Excellent | Very Good | Good | Fair | Poor | N/A |
| 4. Honesty of Information:
The honesty of information provided to you about your family member's condition
[sec2q4fsicu] | Excellent | Very Good | Good | Fair | Poor | 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.
[sec2q5fsicu] | Excellent | Very Good | Good | Fair | Poor | 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.)
[sec2q6fsicu] | Excellent | Very Good | Good | Fair | Poor | 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, pick **one** answer from each of the following set of ideas that best matches your views:

7. **Did you feel included in the decision making process?** [sec2q7fsicu]
☐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. **Did you feel supported during the decision making process?** [sec2q8fsicu]
☐1 I felt totally overwhelmed
☐2 I felt slightly overwhelmed
☐3 I felt neither overwhelmed 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?** [sec2q9fsicu]
☐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 I could have used more time [sec2q10fsicu]
☐2 I had adequate time

Your Opinions about your Family Member's ICU stay

If your family member died during the ICU stay, please answer the following questions (11-13). If your family member did not die please skip to question 14.

11. Which of the following best describes your views:

- ☐1 I felt my family member's life was prolonged unnecessarily
- ☐2 I felt my family member's life was slightly prolonged unnecessarily
- ☐3 I felt my family member's life was neither prolonged nor shortened unnecessarily
- ☐4 I felt my family member's life was slightly shortened unnecessarily
- ☐5 I felt my family member's life was shortened unnecessarily

12. During the final hours of your family member's life, which of the following best describes your views:

- ☐1 I felt that he/she was very uncomfortable
- ☐2 I felt that he/she was slightly uncomfortable
- ☐3 I felt that he/she was mostly comfortable
- ☐4 I felt that he/she was very comfortable
- ☐5 I felt that he/she was totally comfortable

13. During the last few hours before your family member's death, which of the following best describes your views:

- ☐1 I felt very abandoned by the health care team
- ☐2 I felt abandoned by the health care team
- ☐3 I felt neither abandoned nor supported by the health care team
- ☐4 I felt supported by the health care team
- ☐5 I felt very supported by the health care team

14. Do you have any comments on things that were done well in the ICU?

15. Do you have any comments on things that were NOT done well in the ICU?

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

Your Opinions about your Family Member's ICU stay

**We would like to thank you very much for your participation and your opinions.
Please either return your completed survey to the research staff or put it in the
stamped, self-addressed envelope and mail it to us as soon as possible.**