

**Patient and Family Lifestyle and Functional Survey
ICU – UH**

Patient Name: _____ **Bed #:** _____

Patient Routines, Activity Level and Sleep Patterns before this hospitalization:

1. How he/she pass the time during the day?
 - i) Personal interests/ Hobbies

 - ii) Favourite TV Channels/Shows & Favourite music

2. What would the pt identify as their biggest concern, worry or fear during this admission (e.g., finances, childcare or elder care, etc)?

3. What major celebrations or events are happening in your family and in the near future (e.g., birthday, vacations, etc)?

4. Typical routine outside of hospital?
 - i) Typical sleep patterns
Hours of Sleep per night? _____
Time of going to bed? _____
Time of getting up in the morning? _____
Awaken frequently during the night? Yes or No

 - ii) Exercise Tolerance (please respond Yes or No)

Able to:	Yes or No
Walk around in the house	
Walk to end of driveway	
Walk around the block	
Walk > 20 min a day	

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- iii) Did the pt need a walker, cane or wheelchair ? Yes or No

5. Prior to this hospitalization, please identify what the patient was able to do:

i)	Bath/shower independently	Yes	No
ii)	Dress self independently	Yes	No
iii)	Use bathroom independently	Yes	No
iv)	Able get out of bed and chair independently	Yes	No
v)	Is incontinent of bowel and bladder	Yes	No
vi)	Can feed self independently	Yes	No
vii)	Need walker, cane or wheelchair for activity	Yes	No

Patient Comfort/Coping Skills

1. How has the patient coped with stressful situations in the past? What were their usual coping skills or tools they used? (e.g., talked with friends/family, reading, etc)

2. Is there any history depression or anxiety? Please describe?

Involvement of Family and Friends

1. In the past, how has the patient made important decisions? Independently? With input from family, or as a whole family?

2. Please list the names and relationships of people the patient relies on for support? (e.g., spouse, children, best friends, etc)

Completed By _____

Relationship to Patient _____

Date _____

Adapted from UHN's Patient Value Statement (2007)
Chochinov, H. (2002). JAMA.
March 2008