London Health Sciences Centre

Dear Family Members of ICU Patients

Your loved one is a patient in our ICU. We realize that this situation may be unexpected for you and the rest of your family. As the ICU team cares for your loved one, we also want to be able to support you and the rest of the patient's family. The more information we can learn more about a patient and his/her family, the better care we can provide - especially in this time of great stress.

To help us learn more about you and the patient, - we are asking you to complete this survey. On these pages you will find questions about the patient and his/her family. Feel free to leave any questions unanswered.

Once you complete this questionnaire, it will be kept in the patient chart for use by the health care team. This information on these pages will be shared with only the staff caring for your loved one. This questionnaire will not be a permanent part of the chart.

We ask you to complete this as soon as you are able. Once you have completed it, please return it to the bedside nurse or the ICU Social Worker.

If you would prefer to talk to someone face to face instead of writing out the answers, please approach our ICU Social Worker, Mike Hryniw @ # 32793, or Cathy Mawdsley, our Clinical Nurse Specialist @ #35799.

Thank you for your time in completing this.

Cathy Mawdsley
Clinical Nurse Specialist – MSICU
Ext #35799

Mike Hryniw
Social Worker, ICU
Ext #32793

Patient and Family Lifestyle and Functional Survey
ICU – UH

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

Patient Routines, Activitiy 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? _____
   Usual Bed time? _____
   Usual Waking time? _____
   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	

   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)

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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.
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