**Parent Satisfaction with Care in the Intensive Care Unit©**

**pFS-ICU (24)**

***How are we doing?***

***Your opinions about your child’s admission to the Intensive Care Unit (ICU)***

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| --- |
| Your child is a patient in this ICU. You have been recorded as being the parent, caregiver, or guardian. The questions that follow ask **YOU** about your child’s **current ICU admission**. We understand that there have been many doctors and nurses and other staff involved in caring for your child. We know that there may be exceptions but we are interested in **your overall assessment** of the quality of care we are delivering. We understand that this is probably a very difficult time for you and your family. We would appreciate you taking the time to provide us with your opinion. Please take a moment to tell us what we are doing well and what we can do to make our ICU better. Please be assured that all responses are confidential. The Doctors and Nurses who are looking after your child will not be able to identify your responses.  |

**DEMOGRAPHICS**

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

1. What is your marital status?
	* Single or not married
	* Married
	* Live together and not married
	* Divorced
	* Widowed
2. How many siblings does your child have? \_\_\_\_\_\_\_\_\_
3. Age of person completing the survey: \_\_\_\_\_\_\_\_\_\_\_\_ years of age
4. Which family member completed the questionnaire?
	* Mother
	* Father
	* Other caregiver
5. What is your religious affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. How do you perceive the severity of your child’s illness?
	* Mild
	* Moderate
	* Severe

**How are we doing?**

**Your Opinions about your Child’s ICU Stay**

1. What is your ethnic/racial background (choose one)?
	* Black or African American
	* Hispanic or Latino(a)
	* White/Caucasian/Anglo/European; Non-Hispanic
	* Middle Eastern
	* Asian/Asian American/Indian/Pacific Islander
	* American Indian or Native American
	* Mixed/Other; If “other” is chosen, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you are Hispanic/Latino(a), then choose your place of origin below:

* + Mexico
	+ Central America
	+ South America
	+ Other Latin Country; If “other” is chosen, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How long have you lived in the US? \_\_\_\_\_\_\_\_\_\_ years
2. Were you born in the US?
	* Yes
	* No If “no”, where were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If you have a spouse/partner, what is your spouse/partner’s ethnic/racial background (choose one; leave blank, if no spouse or partner)?
	* Black or African American
	* Hispanic or Latino(a)
	* White/Caucasian/Anglo/European; Non-Hispanic
	* Middle Eastern
	* Asian/Asian American/Indian/Pacific Islander
	* American Indian or Native American
	* Mixed/Other; If “other” is chosen, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If your spouse/partner is Hispanic/Latino(a), then choose your spouse/partner’s place of origin below (choose one):

* + Mexico
	+ Central America
	+ South America
	+ Other Latin Country; If “other” is chosen, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Was your spouse/partner born in the US (leave blank, if no spouse or partner)?
	* Yes
	* No If “no”, where were they born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your highest level of education?
	* None
	* Some elementary school
	* Completed elementary school
	* Some high school
	* Completed high school
	* Some college; community college, trade or technical school
	* Completed a college degree, B.A.
	* Graduate or professional education
3. Does your family have medical insurance?
* Yes If “yes”, which type? 🞎 State-sponsored 🞎 Private
* No
1. How many times has your child been hospitalized before? \_\_\_\_\_\_ times
2. Of those hospitalizations, how many times was your child admitted to the PICU or CTICU? \_\_\_\_\_\_ times
3. What is your occupation?
* Unskilled: farm labor, food service, janitor, house cleaner, factory worker
* Skilled work: technician, hairdresser, seamstress, electrician
* White collar (office) work: clerk, salesperson, secretary, small business
* Professional: doctor, lawyer, teacher, business executive, engineer
* Not employed: homemaker, student, other
1. What is the weekly family income from all sources, after taxes?

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In which ZIP code do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How are we doing?**

**Your Opinions about your Child’s ICU Stay**

**PART 1: SATISFACTION WITH CARE**

**Please circle the answer that best reflects your views. If the question does not apply to your child’s stay then circle the “not applicable” answer (N/A).**

How did we treat your child (the patient):

1. **Concern and caring by ICU staff** (the courtesy, respect, and compassion your child [the patient] was given)

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

Symptoms management (how well the ICU staff assessed and treated your child’s symptoms):

1. **Pain**

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Breathlessness**

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Agitation**

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

How did we treat you?

1. **Consideration of your needs** (how well the ICU staff showed an interest in your needs):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Emotional support** (how well the ICU staff provided emotional support):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Co-ordination of care** (the teamwork of all the ICU staff who took care of your child):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

**How are we doing?**

**Your Opinions about your Child’s ICU Stay**

1. **Concern and caring by ICU staff** (the courtesy, respect, and compassion you were given):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

#### Nurses

1. **Skill and competence of ICU nurses** (how well the nurses care for your child):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Frequency of communication with ICU nurses** (how often nurses communicated to you about your child’s condition):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

**Physicians** (all doctors, including residents and fellows)

1. **Skill and competence of ICU doctors** (how well doctors cared for your child):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

#### The ICU

1. **Atmosphere of ICU was?**

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

#### The Waiting Room

1. **The atmosphere in the ICU waiting room was?**

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **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 child received in the ICU?**

(1) very dissatisfied

(2) slightly dissatisfied

(3) mostly satisfied

(4) very satisfied

(5) completely satisfied

**How are we doing?**

**Your Opinions about your Child’s ICU Stay**

***PART 2: PARENT, CAREGIVER, OR GUARDIAN SATISFACTION WITH DECISION-MAKING* AROUND CARE OF CRITICALLY ILL PATIENTS**

INSTRUCTIONS FOR PARENTS, CAREGIVERS, OR GUARDIANS OF CRITICALLY ILL PATIENTS

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

**PLEASE CIRCLE ONE ANSWER THAT BEST DESCRIBES YOUR FEELINGS**

###### Information Needs

1. **Frequency of communication with ICU doctors** (how often doctors communicated to you about your child’s condition):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Ease of getting information** (willingness of ICU staff to answer your questions):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Understanding of information** (how well ICU staff provided you with explanations that you understood):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Honesty of information** (the honesty of information provided to you about your child’s condition):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Completeness of information** (how well ICU staff informed you what was happening to your child and why things were being done):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

1. **Consistency of information** (the consistency of information provided to you about your child’s condition – did you get a similar story from the doctor, nurse, etc.):

(1) excellent (2) very good (3) good (4) fair (5) poor (6) N/A

**How are we doing?**

**Your Opinions about your Child’s ICU stay**

#### PROCESS OF MAKING DECISIONS

During your child’s stay in the ICU, many important decisions are made regarding the health care she or he receives. From the following questions, pick **one** answer from each of the following set of ideas that best match your views:

1. **Did you feel included 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

1. **Did you feel supported during the decision making process?**

(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

1. **Did you feel you had control over the care of your child?**

(1) I felt really out of control and that the health care system took over

and dictated the care my child received

(2) I felt somewhat out of control and that the health care system took

over and dictated the care my child received

(3) I felt neither in control or out of control

(4) I felt I had some control over the care my child received

(5) I felt that I had good control over the care my child received

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

(1) I could have used more time

(2) I had adequate time

**How are we doing?**

**Your Opinions about your Child’s ICU stay**

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

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

**Please add any comments or suggestions that you feel may be helpful to the staff of this hospital.**

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