

Satisfaction with Care in the Pediatric Intensive Care Unit

How are we doing?

Your opinions about your child's admission to the Intensive Care Unit (PICU)

Your child is a patient in this PICU. You have been recorded as being the parent, caregiver, or guardian. The questions that follow ask **YOU** about your child's **current PICU 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 PICU 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

1. What is your relationship to patient?

Mother Father Legal Guardian Caregiver
Other _____

2. What is your age?

Less than 20 yrs 21-35 yrs 36-50 yrs More than 50 yrs

3. What is your religious preference _____

4. What is your ethnic background?

Hispanic/Latino Caucasian African American
Asian/Pacific Islander Other _____

5. How long was your child in the Pediatric Intensive Care Unit?

0-4 days 5-10 days 10-15 days More than 15 days

6. How do you perceive the severity of your child's illness?

- Mild
- Moderate
- Severe

7. How many times has your child been hospitalized before?

Never Once Before 2 to 4 times More than 5 times

8. Of those hospitalizations, how many times was your child admitted to the PICU?

Never Once Before 2 to 4 times More than 5 times

9. How often did the PICU physicians introduce themselves to you?

Always Frequently Sometimes Rarely Never

**How are we doing?
Your Opinions about your Child's PICU Stay**

**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 questionnaire is designed to measure how you feel about YOUR involvement in decisions related to your child's health care. In the Pediatric Intensive Care Unit (PICU), 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

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

(1) excellent (2) very good (3) good (4) fair (5) poor
2. **Ease of getting information** (willingness of PICU staff to answer your questions):

(1) excellent (2) very good (3) good (4) fair (5) poor
3. **Understanding of information** (how well PICU staff provided you with explanations that you understood):

(1) excellent (2) very good (3) good (4) fair (5) poor
4. **Completeness of information** (how well PICU 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
5. **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

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Your Opinions about your Child's ICU stay**

6. **Frequency of communication with PICU 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

7. **Concern and caring by PICU 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

8. **How well did the PICU staff assess and treat your child's pain**

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

During your child's stay in the PICU, 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:

9. **Did you feel included in the decision making process?**

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

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

- (1) I felt very supported
- (2) I felt supported
- (3) I felt neither overwhelmed nor supported
- (4) I felt slightly overwhelmed
- (5) I felt totally overwhelmed

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

- (1) I had adequate time
- (2) I could have used more time

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Do you have any comments on things we did well?

Do you have any comments on things we can improve on?

Please add any additional comments or suggestions that you feel may be helpful to the PICU staff.

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