

Supplementary File 1

Patient Label



We'd like to get to know you

To help us provide more personalized care in the ICU, we would like to get to know our patients better. We invite you to answer these questions on behalf of your family member. If you prefer not to share certain information, you can leave spaces blank.

This information will be kept on the chart as a reference for the healthcare team.

We encourage you to **bring in a photo** to display on the whiteboard as well.

Please return the form to the nurse when complete. Thanks!

Patient Name: _____ ICU Admission Date: _____

1. What **name** do you prefer to be called?

2. What **language** do you prefer to speak?

3. **Where** did you **grow up**?

4. **Family members** that we may meet:

5. Type of **aids or devices** you use at home:

(e.g., glasses, dentures, hearing aid, CPAP machine, iPad, tablet)

6. Level of **mobility before ICU**:

(e.g., independent / no assistance, cane or walker, wheelchair)

7. **Help** you needed **before ICU**:

(e.g., driving, cooking, bathing, finances)

(Continued on other side)





8. Beliefs, values or practices that are spiritual or religious:

9. Interests/Hobbies:

(e.g., TV, reading, music, golf, knitting, woodworking)

10. Pets at home:

11. Roles – past or present:

(e.g., parent, volunteer, teacher, caregiver)

12. Personality traits:

(e.g., shy, talkative, funny, anxious, claustrophobic)

13. Life events:

(e.g., recently married, just retired, grandparent, experienced a loss)

14. What matters most to you:

(e.g., physical independence, ability to manage personal matters, comfort)

15. What else should we know about you as a person to look after you right now?

16. A little more about your FOOTPRINT -Please add a few key words, phrase or quote that summarizes your views or journey, or what is important to you
