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| Parental Goals of Care Assessment |
| *For the questions below, check the answer(s) that best describes your preferences.*   1. What is your preferred language to communicate medical information?    1. English    2. Spanish    3. Other \_\_\_ 2. I prefer that the ICU team communicate with **me** regarding **daily care plans**:    1. I prefer more detail-oriented communication.    2. I prefer big-picture communication.    3. I prefer updates from daily rounds.    4. I prefer weekly care conferences.    5. I prefer that providers represent multiple points of view.    6. I prefer that providers give me fewer opinions. 3. I prefer that the ICU team communicate with me regarding **difficult decisions or setbacks** in my child’s care:    1. I prefer more detail-oriented communication.    2. I prefer big-picture communication.    3. I prefer updates from daily rounds.    4. I prefer weekly care conferences.    5. I prefer that providers represent multiple points of view.    6. I prefer that providers give me fewer opinions. 4. I prefer that the ICU team communicate with **my child** regarding **daily care plans**:    1. Speaking directly to my child.    2. Speaking directly to me and I will communicate with my child.    3. I prefer to communicate with my child but would appreciate help regarding developmentally appropriate ways to communicate medical information with my child.    4. I prefer that my child is not directly involved.    5. Not applicable. 5. I prefer that the ICU team communicate with **my child** regarding **difficult decisions or setbacks** in my child’s care by:    1. Speaking directly to my child.    2. Speaking directly to me and I will communicate with my child.    3. I prefer to communicate with my child but would appreciate help regarding developmentally appropriate ways to communicate medical information with my child.    4. I prefer that my child is not directly involved.    5. Not applicable. 6. In regards to communicating with the medical team:    1. I understood the discussion on daily rounds.    2. I do not understand the discussion on daily rounds.    3. I am comfortable discussing my child’s care with the medical team. This includes asking questions and voicing my concerns.    4. I am not comfortable discussing my child’s care with the medical team. 7. How can the medical team best support you when it comes to making decisions about your child’s care?    1. I prefer the medical team tell me the available options and we decide together what is best for my child.    2. I prefer the medical team tell me the available options and their recommendation for what is best for my child.    3. I prefer assistance from a team that specializes in helping parents/families through the decision-making process. 8. My expectation for my child’s hospitalization is:    1. For my child to return home from this illness or surgery in the same or improved condition than before.    2. For my child to return home or rehabilitation center likely requiring ongoing medical care (e.g. home nursing)    3. For my child to receive surgery during this hospitalization    4. I’m not sure what my goals are    5. Other \_\_\_\_\_ 9. Was this survey worthwhile for you to complete?    1. Yes    2. No 10. May we contact you in the future for follow up questions? If yes, please include your email address below.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |