Follow Up Communication Survey

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. **Coordination 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

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

Level or Amount of Health Care

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

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

Process of Making Decisions

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

1. How prepared did you feel for difficult decisions or setbacks that arose during your child’s hospitalization?

(1) I felt very unprepared

(2) I felt somewhat unprepared

(3) Neutral

(4) I felt prepared

(5) I felt very prepared

1. Over the course of your child’s hospitalization in the Cardiac ICU, did communication with the medical team improve?
	1. Yes
	2. No

Open-Ended Questions for Comments

1. Do you have any suggestions on how to make care provided in the ICU better? \_\_\_\_
2. Do you have any comments on things we did well? \_\_\_
3. Please add any comments or suggestions that you feel may be helpful to the staff of this hospital. \_\_\_