

## Patient Characteristics Form

For the Family Satisfaction in the ICU Questionnaire (FS-ICU 24R)

**Age:** \_\_\_\_\_

**Site/ICU name:** \_\_\_\_\_

**Study ID\*:** \_\_\_\_\_

**Sex:**  Male  Female

**Ethnicity:**

- Asian/Pacific Islander       Caucasian/White       First Nations/Inuit/Metis or Aboriginal  
 African/Black North American       East Indian       Other, *please specify:* \_\_\_\_\_

**Type of Admission:**

- Medical  
 Surgical Elective  
 Surgical Emergency

**Were there any comorbidities present?**  Yes  No

**APACHE II Score:** \_\_\_\_\_ (Insufficient data available to calculate APACHE II Score: )

**ICU Admit Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (YYYY-MM-DD)

**ICU Admit Time:** \_\_: \_\_ (HH:MM 24hr)

**ICU Discharge Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (YYYY-MM-DD)

**ICU Discharge Time:** \_\_: \_\_ (HH:MM 24hr)

**ICU Discharge Status:**  Alive  Dead

**Was the patient mechanically ventilated during their ICU admission?**  Yes  No

\*Please note that this is the study ID that will be associated with the family member who completes the FS-ICU questionnaire