

Supplementary File

Title of Study:

An Assessment of Awareness in Mechanically Ventilated Patients Admitted from the Emergency Department: The ED-AWARENESS Study

Memory and awareness will be assessed with a combination of questions from the [Intensive Care Unit \(ICU\) Memory Tool](#) and the [modified Brice questionnaire](#), with targeted supplementary questions in order to assess the specific situation of mechanically ventilated patients in the emergency department or intensive care unit.

1. What is the last thing you remember before you lost consciousness (in the emergency department, in the ambulance, or at the accident)?
 - a. Being at home
 - b. Calling 911
 - c. The accident or event that caused your illness
 - d. Hearing voices
 - e. Being picked up by the ambulance
 - f. An intravenous (IV) line being placed
 - g. Feeling a mask on your face
 - h. Other (free text): _____

2. What is the first thing you remember when you woke up again?
 - a. Hearing voices
 - b. Feeling the breathing tube
 - c. Feeling pain
 - d. Being in the emergency department
 - i. If so, what do you remember?
 - e. Being in the intensive care unit
 - f. Nothing
 - g. Other (free text): _____

3. Do you remember anything in between losing consciousness and waking up?
 - No
 - Yes

4. Do you remember any dreams in between those two periods?
 - No
 - Yes
 - a. If so, were those dreams disturbing to you?
 - b. Would you classify those dreams as nightmares?

5. What do you remember about being in the emergency department or intensive care unit?
- a. Alarms*
 - b. Voices*
 - c. Lights*
 - d. Family*
 - e. Faces*
 - f. The breathing tube*
 - g. Suctioning*
 - h. Tube in your nose*
 - i. Darkness*
 - j. A clock or a television*
 - k. Nurses or doctors taking care of you*
 - l. Did you ever feel the sensation of being awake but you couldn't move; like you were paralyzed?*
 - i. What do you remember?
 - ii. Do you remember the breathing tube being placed in your throat?
 - iii. Did you try to move? If yes, could you?
 - iv. Did you try to open your eyes? If yes, could you?
 - v. Did you try to breath? If yes, what was your breathing like? (normal, fast, labored, unable to breath) - m. Feeling confused[§]
 - n. Feeling depressed[§]
 - o. Feeling anxious or frightened[§]
 - p. Feeling pain[§]
 - q. Feeling panic[§]
 - r. Feeling that people were trying to hurt you[#]
 - s. Any hallucinations?[#]

*Factual memories; [§]Memories of feelings; [#]Delusional memories

6. What is the worst thing you remember while you were on the mechanical ventilator (in the emergency department of the intensive care unit)?
- a. Anxiety
 - b. Pain
 - c. Functional limitations
 - d. Being aware
 - e. Loss of control
 - f. Other (free text): _____

7. Perception of threat while in the ED:*

- a. Did you feel vulnerable?
 - b. Were you worried that you are not in control of your situation?
 - c. Were you worried that your symptoms were severe?
 - d. Did you feel helpless?
 - e. Were you worried that you were going to die?
 - f. Were you afraid?
 - g. Do you think this event will have a big impact on your life in general?
- *Response range from: 0, not at all; 1, a little bit; 2, moderately; 3, extremely

Structured follow-up questionnaire for patients who report memories of the period between “losing consciousness” and “waking up” (Question #3 answered as “yes”).

8. You mentioned that you remembered something in between losing consciousness and waking up. What do you remember?
- a. Did you hear anything? (What?)
 - i. Voices (gender)
 - ii. Nurses or doctors taking care of you
 - iii. Specific words or conversations
 - iv. Alarms, beeping sounds
 - v. Music or a television
 - vi. Other (free text): _____

 - b. Did you see anything? (What?)
 - i. Lights
 - ii. Colors
 - iii. Shapes
 - iv. A specific image (e.g. ambulance, clock, television, curtains)
 - v. Hallucinations; if so, describe _____
 - vi. Other (free text): _____

 - c. Did you experience any sensations? (What?)
 - i. Warmth
 - ii. Pressure
 - iii. Cold
 - iv. Pain
 - v. Something in your mouth or throat
 - vi. Your bed/stretchers being pushed. Being transported.
 - vii. Your lower legs being squeezed
 - viii. Other (free text): _____

 - d. Did you experience any emotions? (What?)
 - i. Anxiety/stress
 - ii. Panic
 - iii. Fear
 - iv. Happiness
 - v. Calm
 - vi. Helplessness
 - vii. Feeling that people were trying to hurt you
 - viii. Other (free text): _____

 - e. Did you feel the sensation of any procedures, such as pain in your chest or ribs (chest tube), neck or groin or around collar bone (central venous catheter), nose (nasogastric tube), throat (endotracheal tube) or genitals (foley catheter)?

 - f. Did you ever feel the sensation of being awake but you couldn't move; like you were paralyzed?
 - i. What do you remember?
 - ii. Did you try to move? If yes, could you?
 - iii. Did you try to open your eyes? If yes, could you?

- iv. Did you try to breath? If yes, what was your breathing like? (normal, fast, labored, unable to breath)
9. Do you think your awareness experience took place in the emergency department, or in the intensive care unit, or both?
- a. Why do you think this?
 - h. Do you feel helpless?
 - i. Are you worried that you are going to die?
 - j. Are you afraid?
 - k. Do you think this event will have a big impact on your life?
- *Response range from: 0, not at all; 1, a little bit; 2, moderately; 3, extremely