



## **Surrogate Survey**

We are conducting a national study to improve the quality of care patients receive as they move from the Intensive Care Unit (ICU) to a hospital ward. To do this we need to hear about your experiences – good and bad.

Your **participation is voluntary and all the information you provide will be kept confidential**. Your responses will help us to improve care for critically ill patients. **This survey takes less than 10 minutes to complete.**

If there are any questions or concerns, please do not hesitate to contact our team:

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Thank you for your help!

**We are interested to know how prepared you felt when your family member was moved from the ICU to this hospital ward.**

1. Before your family member was moved from the ICU to this hospital ward, did anybody explain to you what was going to happen?

- Yes
- No
- Not sure

2. How involved did you feel in the process of **deciding** to move your family member from the ICU to this hospital ward?

- Completely involved
- Somewhat involved
- Neither involved nor uninvolved
- Somewhat uninvolved
- Completely uninvolved

3. Please indicate what information was communicated to you before your family member was moved from the ICU to this hospital ward. Please select all that apply. (If you were not given any information, please skip to question 8.)

- A summary of events that happened while your family member was in the ICU
- A summary of your family member's current medical conditions
- The current treatment plan
- Information about who would take over care of your family member on this hospital ward
- Information about how the ICU team will follow up with your family member after the move
- Information about what to expect regarding care of your family member on this hospital ward
- Other (please specify): \_\_\_\_\_

4. How was this information communicated to you? Please select all that apply.

- Verbal conversation(s) with the doctors
- Verbal conversation(s) with the nurses
- Formal meeting(s) (e.g. family meeting)
- Personalized care sheet (e.g. ICU stay summary)
- Other (please specify): \_\_\_\_\_

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5. How much of the information did you understand?

- All of the information
- Most of the information
- About half of the information
- A little information
- None of the information

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6. Is there any other information you would have liked to receive?

- Yes (please specify): \_\_\_\_\_
- No

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7. Did a member of the medical team review goals of care/resuscitation status with you regarding your family member **before** he/she left the ICU?

- Yes
- No
- Not sure

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8. Did you feel that the ICU medical team addressed your questions and/or concerns about moving your family member from the ICU to this hospital ward?

- Yes
- Somewhat
- No

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9. Did you have the chance to meet your family member's new ward care provider(s) **before** the move took place?

- Yes
- No

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10. Did you feel that you developed a trusting relationship with any **ICU care provider(s)** while your family member was in the ICU?

- Yes
- No (Please skip to question 12.)

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11. If yes, with whom? Please select all that apply.

- Doctor
- Nurse
- Respiratory therapist
- Occupational therapist
- Physiotherapist
- Pharmacist
- Social worker
- Chaplain
- Other (please specify): \_\_\_\_\_

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12. Were you with your family member when he/she was moved from the ICU to this hospital ward?

- Yes
- No

**Next, we are interested to know about your experiences after your family member was moved from the ICU to this hospital ward.**

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13. Was your family member assessed by a nurse **within the first hour** of him/her arriving on this hospital ward?

- Yes
- No
- Not sure

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14. After arriving on this hospital ward, when was your family member **first seen by a doctor**?

- Within the first hour
- Within 1-4 hours
- After 4 hours of arriving on this ward but on the same day
- More than 1 day after arriving on this ward
- Not sure

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15. Did a member of the ICU team visit your family member since he/she arrived on this hospital ward?

- Yes
- No
- Not sure

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16. Are you aware of any harmful events/errors in your family member's care that occurred since he/she was moved from the ICU to this hospital ward?

- Yes
- No

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17. If yes, what was the nature of the event(s) and what do you believe caused it/them?

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18. Up until now, do you feel that you have developed a trusting relationship with any care provider(s) on this **hospital ward**?

- Yes
- No (Please skip to question 21.)

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19. If yes, with whom? Please select all that apply.

- Doctor
- Nurse
- Respiratory therapist
- Occupational therapist
- Physiotherapist
- Pharmacist
- Social worker
- Chaplain
- Other (please specify): \_\_\_\_\_

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20. Overall, how satisfied were you with the transfer process?

- Completely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Completely dissatisfied

21. How could the process of moving **your family member** from the ICU to this hospital ward have been improved?

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22. Please indicate with a checkmark (✓) which days you were able to visit your family member while he/she was in the ICU and then on this hospital ward? Please select all that apply.

3 days before the move	2 days before the move	1 day before the move	Day of move from the ICU to hospital ward	1 day after the move	2 days after the move	3 days after the move

**Next, we are interested to know some background information about your family member.**

23. What is the highest level of education your family member has completed?

- Eighth grade or less
- Some high school, but did not graduate
- High school graduate
- Some college/university, did not graduate
- College diploma/certificate
- Four year university degree
- More than a four year university degree

24. Which ethnicity does your family member most closely identify with?

- Caucasian
- Black or African Canadian
- Asian
- Aboriginal or First Nations
- East Indian
- Latin American
- Other (please specify): \_\_\_\_\_

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25. What language does your family member speak at home most of the time?

- English
- French
- Vietnamese
- Spanish
- Hindi/Punjabi
- Chinese (Mandarin/Cantonese)
- Other (please specify): \_\_\_\_\_

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**Lastly, we are interested to know some information about you.**

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26. What is your sex?

- Male
- Female

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27. What is your age (in years)? \_\_\_\_\_

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28. What is the highest level of education you have completed?

- Eighth grade or less
- Some high school, but did not graduate
- High school graduate
- Some college/university, did not graduate
- College diploma/certificate
- Four year university degree
- More than a four year university degree

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29. Which ethnicity do you most closely identify with?

- Caucasian
- Black or African Canadian
- Asian
- Aboriginal or First Nations
- East Indian
- Latin American
- Other (please specify): \_\_\_\_\_

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30. What language do you speak at home most of the time?

- English
- French
- Spanish
- Vietnamese
- Hindi/Punjabi
- Mandarin/Cantonese
- Other (please specify): \_\_\_\_\_

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31. What is your relationship to your family member?

- Wife
- Husband
- Partner
- Friend
- Mother
- Father
- Sister
- Brother
- Daughter
- Son
- Other (please specify): \_\_\_\_\_

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32. Do you live with your family member?

- Yes (Please skip to question 35.)
- No

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33. If no, on average how often did you see your family member prior to this hospitalization?

- Daily
- A few times a week
- Weekly
- Monthly
- Yearly
- Less than once a year

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34. Where do you live?

- In the city where this hospital is located
- Out of town



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35. Before this hospital stay, have you been to an ICU as a patient or as a family member of a patient?

Yes

No

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36. Are you a health care professional?

Yes

No

**Thank you for completing the survey!** Your participation is invaluable in helping us to explore the needs of patients and families during transition out of the ICU and will help us to improve this process for other critically ill patients and their families in the future.