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