

Follow up medical/social questionnaire at T2 (3-9 months)

Questions related to PICU stay:

- On a range of 1 to 7 with 1 being *least likely* and 7 being most likely, how likely did you feel that your child was going to die during your PICU admission?

1 2 3 4 5 6 7
- On a range of 1 to 7 with 1 being *least likely* and 7 being most likely, how likely did you feel that your child was going to have permanent injury because of [his/her] PICU admission?

1 2 3 4 5 6 7
- Does your child have any ongoing physical or mental effects that you believe is from their PICU admission? YES / NO
If yes, please expand.
- On a range of 1 to 7 with 1 being *least likely* and 7 being most likely, how likely do you feel that your child is more susceptible to death **after** their PICU stay?

1 2 3 4 5 6 7
- On a scale of 1 to 7 with 1 being *no* knowledge and 7 being full knowledge. How much knowledge did you have of your child's illness while he/she were in the PICU?

1 2 3 4 5 6 7
- Did you receive support during your child's PICU admission? YES / NO If yes, please choose from the following (select all that apply):
 - Spouse
 - Extended family member
 - Religious support
 - Friend
 - Social Worker
 - Child Life
 - Physician, nursing, and healthcare team
 - Hummingbird staff (HMC)
 - Other, please explain: _____

How were you supported? Please choose from the following (select all that apply):

- Financial support
- Emotional support
- Childcare support
- Help with health care system
- Other, please state:

Are you receiving ongoing support

YES / NO

How are you supported? Please choose from the following (select all that apply):

- Financial support
- Emotional support
- Childcare support
- Help with health care system
- Other, please state:

Medical questions:

- Questions that couldn't be answered from patient medical record

[VARIES BY PATIENT DETERMINED PRIOR TO
INTERVIEW]

- What is your child's current height and weight? Height _____ IN / CM Weight _____ LBS / KG
- Since discharge on [MONTH AND YEAR of INDEX PICU ADMISSION] has your child been to the hospital? If yes, where (check all that apply)
 - Emergency room visit only
 - General inpatient hospital stays >>> number of days? _____
 - PICU stay >>> number of days? _____

If yes, why was your child at the hospital? [if unclear may need to ask direct questions]

- Since discharge on [MONTH AND YEAR of INDEX PICU ADMISSION] has your child developed any new medical problems?

YES / NO

If yes, please explain:

- Do you have any medical problems?

YES / NO

If yes, please explain and date:

- Have you ever been diagnosed with a psychiatric disorder/problem?

YES / NO

If yes, please explain your diagnosis and when it occurred [ASK FOR MONTH/YEAR] and any ongoing treatment:

- Did you see a psychologist, therapist, etc soon after your child was discharged from the PICU?
YES / NO

If yes, why have you chosen to receive psychological help? (Check all that apply)

- Referred by primary care doctor or specialist doctor
 - Personal decision
- Are you currently seeing a psychiatrist, psychologist, therapist, etc.
now? YES / NO

Social Questions:

- Do you still live with [PATIENT's first name]?
 - Always
 - Sometimes
 - Never
- Including yourself how many members are there in your household *currently*?

How many children < 18_____

How many adults >= 18?_____

- Are there any marital or relationship changes *since* your child's PICU admission in [MONTH AND YEAR of INDEX]? If yes, please choose from the following:
 - No changes
 - Marital therapy
 - Separated
 - Divorced
 - Remarried
 - Strained
- Which describes your current main daily activity (select all that apply):
 - Part time student
 - Full time student
 - Full time at home
 - Working part time
 - Working full time
 - Unemployed
 - Retired
 - Other:_____

- “I’m going to give you some annual household income numbers. I know this may be sensitive, but we feel strongly that accurate data here will be important. The information you provide is highly confidential. Please indicate when I say a range that your household income currently falls *within* (Choose the row based on the number of total persons from question above and ask “Does your family earn between \$XX, XXX and \$XX, XXX amount?”): Choose the number in household and then circle the levels that income falls between, use under 1FPL and over 10 FPL as first and last range. If greater than 10 FPL just indicate that with an arrow.

Number of persons in family/household				
	FPL	2 FPL	5 FPL	10 FPL
1	11,880	\$23,760	\$59,400	\$118,800
2	16,020	\$32,040	\$80,100	\$160,200
3	20,160	\$40,320	\$100,800	\$201,600
4	24,300	\$48,600	\$121,500	\$243,000
5	28,440	\$56,880	\$142,200	\$284,400
6	32,580	\$65,160	\$162,900	\$325,800
7	36,730	\$73,460	\$183,650	\$367,300
8	40,890	\$81,780	\$204,450	\$408,900
<i>Each Additional person</i>	<i>4,160</i>	<i>\$8,320</i>	<i>\$20,800</i>	<i>\$41,600</i>