

INTERVIEW DATE: _____ PATIENT NUMBER _____ RELATIONSHIP _____

ADMISSION DATE: _____

SLEEP DISTURBANCE: Yes No

Does he/she have regular sleep circle?

Yes No

What time does he/she go to sleep? wake up?

Sleep Time: _____ Wake Up Time: _____

How many hours does he/she sleep at night?

How long does it take him/her to fall asleep?

< 15 minutes 15 – 30 minutes 30 – 60 minutes 60+ minutes

How many times does he/she wake up during a typical night?

0 – 2 times 3 – 5 times 5+ times

Does he/she have difficulties falling asleep or maintaining sleep?

Yes No

Does he/she take sleeping aid?

Yes No

If Yes, what is the name of the sleeping aid?

Does he/she use a sleeping mask to sleep?

Yes No

Does he/she use earplugs to sleep?

Yes No

Does he/she sleep with the lights on?

Yes No SUBSTANCE USE: Yes No

Cocaine	Amphetamines	Opiates	Nicotine	Alcohol
Benzodiazepine	Barbiturates	Cannabis "Marijuana"	Hallucinogens	Caffeine
Cigarette				

If YES:

Frequency:

Amount:

BASELINE MOBILIZATION FUNCTION

Katz Index of Independence in Activities of Daily Living

ACTIVITIES POINTS (1 OR 0)	INDEPENDENCE (1 POINT) NO supervision, direction or personal assistance	DEPENDENCE (0 POINTS) WITH supervision, direction, personal assistance or total care
BATHING POINTS:	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity	(0 POINTS) Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING POINTS:	(1 POINT) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes	(0 POINTS) Needs help with dressing self or needs to be completely dressed
TOILETING POINTS:	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode
TRANSFERRING POINTS:	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer
CONTINENCE POINTS:	(1 POINT) Exercises complete self-control over urination and defecation	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING POINTS:	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding

TOTAL POINTS: _____ 6

A score of 6 indicates Full function, of 4 indicates moderate impairment, and ≤ 2 indicates severe functional impairment.

Did he/she use to walk/exercise on regular basis? Yes No

How often did he/she walk? Or performed any other physical activity?
Daily 2 – 5 days/week Weekly Never

Does he/she require mobility aids such as walker, scooter, cane, crutches to ambulate?
Yes: _____ No

OTHERS

Does he/she use:

Eyeglasses: _____ Hearing aids: _____ Dentures: _____

PATIENT PREFERENCES

How can we make the patient’s ICU stay more comfortable?

Music: ___ TV: ___ Books: ___ Pictures: ___ Blankets: ___ Laptops/tablets: _____

How often would the patient prefer health care providers to update his/her health care treatment plan?

Every day 2-3 times per week Every week

Would the patient be satisfied to received daily updates from bedside nurses?

Yes No

Would you (as a family member) want to participate in daily multidisciplinary round?

Yes No

Would the patient prefer sunlight in his/her room, or have the blinds closed/lights dimmed during the day?

Sunlight: Yes No

Blinds Closed/Lights Dimmed: Yes No

Is there anything else you’d like us to know about the patient?

It was this interview helpful for you?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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