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| **SF-36 social outcomes question set** |
| **Question: During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?** |
| 1. Cut down the amount of time you spent on work or other activities (Yes or no reponse) |
| 1. Accomplished less than you would like (Yes or No response) |
| 1. Were limited in the kind of work or other activities (Yes or No response) |
| 1. Had difficulty performing the work or other activities (for example, it took extra effort) (Yes or No response) |
| **Question: During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?** |
| 1. Cut down the amount of time you spent on work or other activities (Yes or no response) |
| 1. Accomplished less than you would like (Yes or No response) |
| 1. Didn't do work or other activities as carefully as usual (Yes or No reponse) |
| Question: During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?  1 - Not at all   2 - Slightly   3 - Moderately   4 - Quite a bit   5 - Extremely  Compared to before your critical care admission, is this different? (Yes or No response) |

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| **Welfare Benefits question set** |
| * Were you employed before admission to critical care? (Yes or No response) * Have you returned to work following critical care? (Yes or No response) * Are you receiving support from any welfare benefits (i.e. Personal Independence Payment)? (Yes or No response) * If yes, what welfare benefits are you receiving (open) * Has this changed since discharge from hospital? (Yes or No response) * If yes, in what way? (open) * Other details/information you would like to share (open) |

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| **Have you received any specific care in relation to your ICU admission/support for long-term outcomes? (for example, an ICU recovery clinic visit) (Yes/no/not sure)**  If yes:   * ICU recovery service/clinic * Telephone follow-up * Physiotherapy service * Psychology Service * Peer support * Other (please give details) |

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| **Care Needs (adapted from Griffiths et al (2013)** |
| 1. Do you receive care (depend on other people for help) to undertake to undertake your normal activities (yes/no)? 2. Which of the following caring activities do you require regularly? Please tick all that apply.  * Personal care (such as dressing, washing, eating) * Physical care (such as moving, lifting) * Household duties (such as shopping, cleaning, cooking) * Healthcare (such as administering medications, treatments, medical devices, attending healthcare appointments)  1. How much time per week do you typically depend upon other people providing care for you?  * 1-19 hours * 20-34 hours * 35-49 hours * More than 50 hours  1. Who provides this care?  * Family/NOK * Statutory (social care) * Mixture of both * Other (give details) |