When you answer these questions please tell me what was most helpful to your child and you, and what we could have done to improve the care provided.

1. Did you feel that you received the information that you needed?

   1a. If Yes, What information was helpful?

   1b. If No, How could we improve?

2. Who did you get information from regarding your child’s condition and plan of care?
   - Attending MD
   - Fellow MD
   - Resident MD
   - RN
   - Other: ____________

   If you talked with doctors, did you understand your child’s condition and the plan of care?

3. Were you involved in patient rounds?
   - Yes
   - No
   - Unaware
   - Not convenient with my schedule

   Do you have any suggestions or ideas for improvement?

Number of days in the PICU: ____________
While in the PICU, if you had a question or concern, did someone take care of it?
Yes/No? Comments: ______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

How could we have improved our care for your child and your family?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

What was your overall impression of the unit and staff?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Would you recommend our PICU to others?
Why/Why not? Comments: __________________________________________________
_______________________________________________________________________
_______________________________________________________________________

If your child needs care in the future, would you come back to UNC Health Care?
Yes/No? Comments: ______________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Would you be interested in participating in a group to help improve performance in
the PICU?
Yes/No? If Yes, please contact Jonathan Slagle at 919-966-5006 or jslagle@unch.unc.edu.

Do you have any additional suggestions?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________