

Additional file 2

Recollection questionnaire – Patients’ recollection of ICU experiences

Taking into account what you remember from your ICU stay, please tick the appropriate box on each question. Please note that one question should be signaled with only one tick.

1. Do you remember your admission on hospital? Yes No

2. Do you remember your admission on the Intensive Care Unit (ICU)? Yes No

3. Relative to what you have seen and felt during your ICU stay:

1. I prefer not to remember 2. I don't remember anything 3. I don't mind to remember

4. I want to remember everything 5. None of them

4. How do you describe the environment in the ICU?

1. Friendly and calm 2. Chaotic and terrifying 3. Hostil and tense 4. I don't remember

5. Your confidence in doctors was: Excellent Good Sufficient Bad

6. Your confidence in nurses was: Excellent Good Sufficient Bad

7. How do you classify your sleep during ICU stay:

1. Excessive 2. Sufficient and restoring 3. Insufficient

8. At six months after ICU stay your quality of life

1. Has improved 2. Is the same 3. Is worst 4. I preferred to have died 5. I don't know how to answer

9. Have you been previously admitted in an ICU?

1. Once for the same reason

2. Twice or more for the same reason

3. Once for a different reason

4. Never been admitted in an ICU

10.a) If you are not retired have you returned to your previous activity? Yes No

If not: 1. because of ICU stay

2. For another reason not related with ICU stay

b) If you are retired, have you returned to your previous activity Yes No

If not: 1. because of ICU stay

2. For another reason not related with ICU stay

11. Bearing in mind how difficult to endure was to you (i.e. how stressful) each of the following procedures/events during your ICU stay, please answer to the following questions according to the classification:

	0 - I don't remember						
	1 - It was not hard						
	2 - It was indifferent						
		3 - It was hard, but it had to be					
		4 - It was very hard					
		5 - It was awful					
a.	Daily needle punctures	0	1	2	3	4	5
b.	Tracheal tube aspiration	0	1	2	3	4	5
c.	Nose tube	0	1	2	3	4	5
d.	Bladder tube	0	1	2	3	4	5
e.	Noise from conversation	0	1	2	3	4	5
f.	Noise from engines and ventilators	0	1	2	3	4	5
g.	Pain	0	1	2	3	4	5
h.	Bedridden	0	1	2	3	4	5
i.	Music in the ICU	0	1	2	3	4	5
j.	Comments from doctors and nurses	0	1	2	3	4	5
k.	Noisy and bad sleeping nights	0	1	2	3	4	5
l.	Ventilator dependence	0	1	2	3	4	5
m.	Doctors and nurses dependence	0	1	2	3	4	5
n.	Lack of privacy in hygiene	0	1	2	3	4	5
o.	Communication difficulties	0	1	2	3	4	5
p.	Brightness from artificial lights	0	1	2	3	4	5
q.	Fear of dying, uncertainty in the future	0	1	2	3	4	5
r.	General discomfort	0	1	2	3	4	5
s.	Fear of being disconnected from the ventilator	0	1	2	3	4	5
t.	Medical rounds near the patient's bed	0	1	2	3	4	5
u.	Fear of medical procedures	0	1	2	3	4	5
v.	Loosing time orientation	0	1	2	3	4	5
w.	Family worries	0	1	2	3	4	5
x.	Economic worries	0	1	2	3	4	5

12. a) Have you had many dreams during ICU stay? Yes No

b) Have you had many nightmares during ICU stay? Yes No

13. a) Currently, do you remember those dreams and nightmares? Yes No

b) Currently, do you think that those dreams and nightmares disturb your daily life? Yes No

c) Currently, do you have sleep disturbances? Yes No

d) Currently, do you have difficulties in concentrating? Yes No

e) Currently, do you have difficulties in remembering recent events? Yes No

14. Currently, do you feel more fatigue than previously to ICU stay? Yes No