CYCLE RCT #142   **Plate #051**   **Visit #090**

Patient ID ☐☐1☐☐ (site #) (patient #)   Coded Patient Initials ☐☐ F L   Assessor Initials ☐☐ F L   Date of Assessment ☐☐ ☐☐ 2 0 ☐☐ (dd/mm/yyyy)

ICU AWAKENING: INTENSIVE CARE PSYCHOLOGICAL ASSESSMENT TOOL (IPAT) (Form RC 1)
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1. Was any clinical data collected at this timepoint?

☐ Yes

☐ No (insert reason #, if "other", specify) → ☐☐
(specify) _____

"I would like to ask you some questions about your stay in intensive care, and how you've been feeling in yourself. These feelings can be an important part of your recovery. To answer, please circle the answer that is closest to how you feel, or answer in any way you are able to (e.g. by speaking or pointing)"

Reason # not done
1. (Intentionally omitted)
2. Patient did not pass cog. screen. prior to ICU discharge (alive @ discharge)
3. Patient died prior to reaching timepoint
4. Goals of care changed to palliative
5. Patient or Proxy refusal
6. Assessment missed
7. Cognitive issue - patient too sedated/agitated
8. Cognitive issue - patient unable to follow commands
9. (Intentionally omitted)
10. (Intentionally omitted)
11. Other assessment prioritized
12. Other (specify)

	Since you've been in Intensive care:	A	B	C
1	Has it been hard to communicate?	No ☐	Yes, a bit ☐	Yes, a lot ☐
2	Has it been difficult to sleep?	No ☐	Yes, a bit ☐	Yes, a lot ☐
3	Have you been feeling tense?	No ☐	Yes, a bit ☐	Yes, a lot ☐
4	Have you been feeling sad?	No ☐	Yes, a bit ☐	Yes, a lot ☐
5	Have you been feeling panicky?	No ☐	Yes, a bit ☐	Yes, a lot ☐
6	Have you been feeling hopeless?	No ☐	Yes, a bit ☐	Yes, a lot ☐
7	Have you felt disoriented (not quite sure where you are)?	No ☐	Yes, a bit ☐	Yes, a lot ☐
8	Have you had hallucinations (seen or heard things you suspect were not really there)?	No ☐	Yes, a bit ☐	Yes, a lot ☐
9	Have you felt that people were *deliberately* trying to harm or hurt you?	No ☐	Yes, a bit ☐	Yes, a lot ☐
10	Do upsetting memories of intensive care keep coming into your mind?	No ☐	Yes, a bit ☐	Yes, a lot ☐

Do you have any comments to add in relation to any of the answers?
_____

SCORING
Any answer in column A = 0 points
Any answer in column B = 1 point
Any answer in column C = 2 points

Sum up the scores of each item for a total IPAT score out of 20
Cut-off point ≥ 7 indicates patient at risk

TOTAL SCORE ☐☐ /20

Approximate time to complete assessment? ☐☐ (min)

Patient intubated during assessment? ☐ Yes ☐ No

Location of ax? ☐ ICU ☐ Other (specify) _____