

## ICU Memory Tool

*(please circle the appropriate answer)*

<b>1. Do you remember being admitted to hospital?</b>	Clearly
	Hazily
	Not at all

<b>2. Can you remember the time in hospital before you were admitted to intensive care?</b>	All of it
	Some of it
	Nothing

<b>3. Do you remember being in intensive care?</b>	Yes/No
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<b>4a. Do you remember all the stay clearly?</b>	Yes/No
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**4b. What do you remember?** *(circle those things you remember)*

Family*	Faces*	Darkness*	Feeling confused <sup>†</sup>	Hallucinations <sup>‡</sup>
Alarms*	Breathing tube*	Clock*	Feeling down <sup>†</sup>	Nightmares <sup>‡</sup>
Voices*	Suctioning*	Tube in your nose*	Feeling anxious/frightene d <sup>†</sup>	Dreams <sup>‡</sup>
Lights*	Being uncomfortable <sup>†</sup>	Ward round*	Feeling that people were trying to hurt you <sup>‡</sup>	Panic <sup>†</sup>
				Pain <sup>†</sup>

4c. If you had any feelings that someone was trying to hurt or harm you while you were in intensive care can you please describe these feelings below.

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OFFICE USE

Score for subscales:-

\* sum of factual memories = \_\_\_\_

† sum of memories for feelings = \_\_\_\_

‡ sum for delusional memories = \_\_\_\_

