

## PostICU PICS Self Quiz 4.1

Select the number of days that you had with each activity in each question over the past 14 days. Your answer for each question can ONLY be 0, 1, 2 to 3.	If 0 to 1 days   your answer = 0	
	If 2 to 6 days   your answer = 1	
	If 7 to 11 days   your answer = 2	
	If 12 to 14 days   your answer = 3	
Judgment or decision-making		
Repeating the same things over and over such as questions or stories		
Forgetting the correct month or year		
Handling complicated financial affairs such as balancing checkbook, income taxes, and		
Remembering appointments		
Thinking or memory		
Learning how to use a tool, appliance, or gadget		
<b>Cognitive Subscale Total</b>		
Planning, preparing, or serving meals		
Taking medications in the right dose at the right time		
Walking or physical ambulation		
Bathing		
Shopping for personal items like groceries		
Housework or household chores		
Being left alone		
Your safety		
Your quality of life		
Falling or tripping		
<b>Functional Subscale Total</b>		
Less interest or pleasure in doing things, hobbies or activities		
Feeling down, depressed, or hopeless		
Resisting help from others or getting agitated		

Feeling anxious, nervous, tense, fearful, or panic[ky]		
Believing others are stealing from you or planning to harm you		
Hearing voices, seeing things, or talking to people who are not there		
Poor appetite or overeating		
Falling asleep, staying asleep, or sleeping too much		
Acting impulsively, without thinking through the consequences of your actions		
Wandering, pacing, or doing things repeatedly		
<b>Behavioral and Mood Subscale Total</b>		
<b>All 3 Categories Total</b>		
<p>Thank you for taking this self quiz for Post Intensive Care Syndrome ("PICS"). To learn more about the utility of this self quiz, please read the attached research article. After you submit the quiz, you will be taken to another page, which will help you to assess your situation. If you would help finding a Post ICU clinic, please visit this page at PostICU's website.</p>		
<p>Please carefully review the <a href="#">Privacy Policy</a>, <a href="#">Terms &amp; Conditions</a>, <a href="#">Disclaimers &amp; Disclosures</a> and acknowledge your acceptance of same. Your personal information will not be shared with anyone other than data collectors from either <a href="#">PostICU, Inc.</a> If you have any questions about the confidentiality of your data, or any questions about this "self-report" tool, please contact <a href="mailto:admin@posticu.org">admin@posticu.org</a>. Please sign &amp; date below.</p>		
<p><b>THIS ASSESSMENT TOOL SHOULD NOT BE RELIED UPON AS MEDICAL DIAGNOSIS, OR MEDICAL OPINION. IF YOU ARE CONCERNED ABOUT PICS, PLEASE SEE YOUR DOCTOR AS SOON AS POSSIBLE.</b></p>		
<div> <div>X</div> <div></div> </div> <div> <div>Email Address</div> <div>Today's Date</div> </div>		
<p>Your email address will not be disclosed to anyone other the PostICU, Inc. Research Team. We carefully protect you privacy, click here to read our privacy policy &amp; research protocols.</p>		
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