

Instrument	Delirium Symptom Interview NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	DSI
Primary use	Delirium Screening
Area assessed (Number of questions)	7 areas assessed: disorientation, disturbance of consciousness, disruption of sleep/wake cycle, perceptual disturbance, incoherence of speech, change in psychomotor activity, fluctuating behavior 32 items
Description	An interview that utilizes operational definitions of delirium in conjunction with other data to define individual delirium cases. Instrument can be administered on a daily basis; multiple administrations of DSI can track symptoms over time. Instrument based on DSM-III criteria and can be administered by non-clinicians.
Versions	1
Scoring information	Each item is scored on an individual rating scale and is summed to create subscores for areas assessed. Areas assessed are scored 'present' or 'not present' dependent upon answers.
Cognitive testing	There is no formal cognitive testing embedded in the interview; cognitive testing is not required to complete the assessment, but can be used to aid in delirium screening
Estimated time to rate	10-15 minutes to conduct interview
Require trained rater	Yes – clinician or lay rater
Administer to	Patient, in-person
How to obtain	Included in original validation study here: http://journals.sagepub.com/doi/abs/10.1177/002383099200500103 (Note: article may be behind paywall)
Licensing Fee*	None
Languages available	English
Highest COSMIN** rating	In progress
Test Performance Characteristics	Albert 1992 <ul style="list-style-type: none"> •Reliability (inter-rater), k=0.90; agreement between DSI and physician's (neurologist and psychiatrist) consensus of delirium diagnosis, k=0.93 •Sensitivity/Specificity (Compared to physicians' consensus): 0.90/0.80 •Positive/Negative predictive value (Compared to physicians' consensus): 0.87/0.84

* Fees and licensing information is effective as of 2018, but is subject to change over time

** COSMIN is used to rate a study's evaluation of a survey or test's measurement properties. COSMIN does NOT rate the instrument itself, but helps readers understand if they can have confidence in the results of studies evaluating measurement properties of surveys and tests. For example, a rigorous study evaluating a test with poor measurement properties will receive a "good" COSMIN rating, while a poorly-conducted study evaluating a test with good measurement properties will receive a "poor" COSMIN rating. Small sample size can impact all COSMIN ratings. You must consider both the COSMIN rating and the results of studies provided when forming your opinion about that test. *COSMIN ratings shown are based solely on the instrument's original validation study.*

Reference:

Albert, M. S., Levkoff, S. E., Reilly, C., Liptzin, B., Pilgrim, D., Cleary, P. D., ... & Rowe, J. W. (1992). The delirium symptom interview: an interview for the detection of delirium symptoms in hospitalized patients. *Journal of Geriatric Psychiatry and Neurology*, 5(1), 14-21.

Reviews:

De, J., Wand, A.P.F. (2015). Delirium Screening: A Systematic Review of Delirium Screening Tools in Hospitalized Patients. *The Gerontologist*, 55(6):1079-1099. doi:10.1093/geront/gnv100

Last updated on **May 14, 2018**. If you are aware of any updates required for this document, please notify us via nidus@hsl.harvard.edu



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