DEL-S Long Form Delirium Severity Instrument

Cognitive Assessment - *READ*: I have some questions about your thinking and memory…			*Coding Instructions: Incorrect also includes "I don't know", and No response/non-sensical responses.* *For any 'Incorrect' or 'Yes' responses, check the box in the final column designating which feature is present.*
Can you tell me your full name?	□ **CORRECT**	□ **INCORRECT**	
Can you tell me why you are here in the hospital?	□ **CORRECT**	□ **INCORRECT**	
Can you tell me what year it is now?	□ **CORRECT**	□ **INCORRECT**	
Can you tell me what day of the week it is today?	□ **CORRECT**	□ **INCORRECT**	
Can you tell me what month it is?	□ **CORRECT**	□ **INCORRECT**	
Can you tell me what time of day it is? *(morning, afternoon or evening)*	□ **CORRECT**	□ **INCORRECT**	
Can you tell me where we are? *(What is the name of this place)*	□ **CORRECT**	□ **INCORRECT**	
Can you tell me the months of the year backwards, starting with December? [D,N,O,S,A,J,J,M,A,M,F,J] *may prompt with "what is month before …." for up to 2 prompts.*	□ **CORRECT**	□ **INCORRECT**	
Can you tell me the days of the week backwards, starting with Saturday? [S,F,T,W,T,M,S] may prompt with "what is day before …." for up to 2 prompts.	□ **CORRECT**	□ **INCORRECT**	
Now I am going to say some numbers. Please repeat them back to me. Begin with: "2-9-1"	□ **CORRECT**	□ **INCORRECT**	
The next is: "3-5-7-4"	□ **CORRECT**	□ **INCORRECT**	
The next is: "6-1-9-2-7"	□ **CORRECT**	□ **INCORRECT**	
Now I am going to read some more numbers. I want you to repeat them in backwards order from the way I read them to you. For instance, if I say "6 – 4", you would say "4 -6". OK? **The first one is "7-4-2" (2-4-7).**	□ **CORRECT**	□ **INCORRECT**	
The next is: "5-3-8-4" (4-8-3-5).	□ **CORRECT**	□ **INCORRECT**	

Patient Reported Ratings - *READ: I am going to ask some questions about how you have been feeling...*				***DEL-S Scoring***
1. During the past day have you thought you were somewhere other than the hospital or have you gotten mixed up about the time of day?	□ **NO**	□ **YES**		**+1 if yes**
2. Sometimes in the hospital people can experience unusual thoughts. Have you thought that someone was trying to hurt you when they were not?	□ **NO**	□ **YES**		**+1 if yes**
3. Did you mistake something you heard or saw for something else?	□ **NO**	□ **YES**		**+1 if yes**
4. Did objects look strange to you? For example, did they look smaller, bigger, or fuzzier than usual?	□ **NO**	□ **YES**		**+1 if yes**
5. Did you think something was moving when it was not? For example, did objects that were not moving appear to be moving in slow motion?	□ **NO**	□ **YES**		**+1 if yes**
6. Did you see, hear, or feel things that seemed out of place? For example, did you see something that did not belong in your room, such as a family member you know was not there?	□ **NO**	□ **YES**		**+1 if yes**
Observer Ratings: To be completed after patient questions 1-6 above. If answer below is YES, check mild or marked.				
1. Did the patient have difficulty focusing attention, for example asking questions to be repeated often or having difficulty keeping track of what was being said?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
2. Did the patient seem easily distracted by external stimuli?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
3. Was the patient disoriented at any time during the interview, such as thinking he/she was somewhere other than the hospital, using the wrong bed, or misjudging the time of day?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
4. Did the patient demonstrate disorganized thinking, such as conversation that was rambling or off-target, ideas that were unclear or illogical, or showing a disjointed thought process that did not make sense?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
5. Overall, how would you rate this patient's level of consciousness? (Code most severe level)	□ **ALERT**	□ **LETHARGIC** □ **STUPOR**	□ **COMA**	**+1 if Lethargic, Stupor, or Coma**
6. Did the patient appear to be hypervigilant, such as being hyperalert, overly sensitive to environmental stimuli, or being startled very easily?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
7. Did the patient appear to be fearful or afraid?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
8. Did the patient have beliefs that you know were not true, for example insisting that other people were trying to harm him/her or steal from him/her?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
9. During the interview, did the patient exhibit an unusually increased level of motor activity, such as restlessness, pulling at lines, making frequent sudden changes of position, or rapid or pressured speech, such as unusually rapid responses to questions?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**
10 During the interview, did the patient exhibit an unusually decreased level of motor activity, such as sluggishness, moving very slowly or unusually delayed speech, such as unusually slow responses to questions?	□ **NO**	□ **YES, MILD**	□ **YES, MARKED**	**+1 if mild** **+2 if marked**

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