

DEL-S Short Form Delirium Severity Instrument

Cognitive Assessment - READ: I have some questions about your thinking and memory....			<i>Coding Instructions: Incorrect also includes "I don't know", and No response/non-sensical responses.</i> <i>For any 'Incorrect' or 'Yes' responses, check the box in the final column designating which feature is present.</i>	
Can you tell me your full name?	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me why you are here in the hospital?	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me what year it is now?	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me what day of the week it is today?	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me what month it is?	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me what time of day it is? (<i>morning, afternoon or evening</i>)	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Can you tell me where we are? (<i>What is the name of this place</i>)	<input type="checkbox"/> CORRECT	<input type="checkbox"/> 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.	<input type="checkbox"/> CORRECT	<input type="checkbox"/> 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.	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Now I am going to say some numbers. Please repeat them back to me. Begin with: "2-9-1"	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
The next is: "3-5-7-4"	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
The next is: "6-1-9-2-7"	<input type="checkbox"/> CORRECT	<input type="checkbox"/> 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? Begin with: "7-4-2" (2-4-7).	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
The next is: "5-3-8-4" (4-8-3-5).	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT		
Patient Reported Ratings - READ: I am going to ask some questions about how you have been feeling...			<u>Del-S Scoring</u>	
Q. 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	+1 if yes	
Observer Ratings: To be completed after asking the question 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, MILD	<input type="checkbox"/> YES, MARKED	+1 if mild +2 if marked
2. 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, MILD	<input type="checkbox"/> YES, MARKED	+1 if mild +2 if marked
3. Did the patient demonstrate disorganized thinking, such as conversation that was rambling or off-target, ideas that were unclear or illogical, or showing disjointed thought process that did not make sense?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, MILD	<input type="checkbox"/> YES, MARKED	+1 if mild +2 if marked
4. Overall, how would you rate this patient's level of consciousness? (Code most severe level)	<input type="checkbox"/> ALERT	<input type="checkbox"/> LETHARGIC	<input type="checkbox"/> STUPOR <input type="checkbox"/> COMA	+1 if Lethargic, Stupor, or Coma
5. 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, MILD	<input type="checkbox"/> YES, MARKED	+1 if mild +2 if marked
6. 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, MILD	<input type="checkbox"/> YES, MARKED	+1 if mild +2 if marked

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Requested citation: Inouye SK and Jones RN. DEL-S Short form. ©2020; Boston, MA: Hospital Elder Life Program. URL: <https://deliriumnetwork.org/del-s-short-form/>