

Instrument	<b>Single Question in Delirium</b> NOTE: This card is populated with information from the instrument's original validation study only.
Acronym	SQiD
Primary use	Delirium Screening
Area assessed (Number of questions)	Single question: "Do you feel that [patient's name] has been more confused lately?"
Description	A tool for early recognition of delirium to be asked of patient's friends or relatives. SQiD was designed as a single item tool to be incorporated into the routine medical history obtained by clinical staff. Since SQiD can be assessed regularly, clinical staff can monitor potential changes in condition, and use a more comprehensive delirium assessment for confirmation as appropriate.
Versions	1
Scoring information	Single item is rated positive or negative; scores can be monitored over the course of several days
Cognitive testing	None included or necessary
Estimated time to rate	<1 min
Require trained rater	Yes, clinicians or lay raters
Administer to	Patient's relative or friend
How to obtain	Additional information available: <a href="https://doi.org/10.1177/0269216310371556">https://doi.org/10.1177/0269216310371556</a> (Note: article may be behind paywall)
Licensing Fee*	None
Languages available	English
Highest COSMIN** rating	3/6†
Test Performance Characteristics	<b>Sands 2010; reference standard = psychiatric interview and clinical diagnosis</b> <ul style="list-style-type: none"> <li>•Sensitivity (compared to psychiatric interview 0.80 [95% CI 0.28-0.99], Confusion Assessment Method [CAM] 0.67 [0.94-0.92], Mini-Mental State Examination [MMSE] 0.50 [0.13-0.99])</li> <li>•Specificity (compared to psychiatric interview 0.71 [95% CI 0.42-0.92], CAM 0.67 [0.38-0.88], MDAS 0.64 [0.35-0.87], MMSE 0.59 [0.33-0.82])</li> <li>•Positive predictive value (compared to psychiatric interview 0.50 [95% CI 0.16-0.84], CAM 0.29 [0.04-0.71], MMSE 0.13 [0.00-0.53])</li> <li>•Negative predictive value (compared to psychiatric interview 0.91 [95% CI 0.59-1.00], CAM 0.91 [0.59-1.00], MDAS 0.90 [0.56-1.00], MMSE 0.91 [0.59-1.00])</li> <li>•Agreement with psychiatric interview kappa=0.43 (p=0.023)</li> </ul>

\* 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.*

† COSMIN breakdown: content validity: NONE, effect indicators: NONE, internal consistency: NONE, inter-rater reliability: GOOD, construct validity: GOOD, external validity: GOOD

#### Reference:

Sands, M.B., Dantoc, B.P., Hartshorn, A., Ryan C.J., Lujic, S. (2010). Single Question in Delirium (SQiD): testing its efficacy against psychiatrist interview, the Confusion Assessment Method and the Memorial Delirium Assessment Scale. *Palliative Medicine*, 24(6):561-565. doi:10.1177/0269216310371556

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**Reviews:**

Hendry, K., Hill, E., Quinn, T.J., Evans, J., Stott, D.J. (2015). Single screening questions for cognitive impairment in older people: a systematic review. *Age and Ageing*, 44(2):322-326. doi:10.1093/ageing/afu167

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

Leonard, M. M., Nekolaichuk, C., Meagher, D. J., Barnes, C., Gaudreau, J. D., Watanabe, S., ... & Lawlor, P. G. (2014). Practical assessment of delirium in palliative care. *Journal of pain and symptom management*, 48(2), 176-190.

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