**Delirium detection checklist**

Have you ever noticed that the person you are taking care of has had any recent changes in symptoms or behavior?

 (Yes / No)

 If yes, now we will talk about his/her condition from that period.

If not, there is no cause for concern regarding delirium. However, you may choose to seek information about delirium for your understanding.

1. Has that person seemed unsure about the time and date?

1. Yes, that person has often been confused about the time or date.
2. Sometimes that person has been unsure about time and date.
3. No, that person has always known the time or date.
4. Not sure

2. Has that person seemed unsure about where he/she is?

1. Yes, that person has often been confused about the place
2. Sometimes that person has been confused about the place
3. No, that person has always known where he/she is.
4. Not sure

3. Has that person seemed unsure about who is with him /her?

1. Yes, that person often has been confused about people around him/her.
2. Sometimes that person has been unsure about who is with him/her.
3. No, that person has always known who is with him/her
4. Not sure
5. Has that person had trouble keeping track of a conversation or gotten distracted easily?
6. That person has often unable to follow the conversation and gets distracted.
7. That person has sometimes lost track or seemed distracted.
8. That person usually has kept up with the conversation well.
9. That person has always followed along and never gotten distracted.
10. Not sure
11. Could that person understand what you say and respond correctly when you talk to him/her?
12. That person has often gotten lost and couldn’t respond correctly.
13. Sometimes that person hasn’t followed the conversation and given odd answers.
14. That person usually has understood and responded the right way.
15. That person always has understood and given appropriate responses.
16. Not sure
17. Has that person stayed on the same topic when having a conversation, or has that person switched the topic without any reason?
18. That person has frequently switched topics unexpectedly.
19. That person has occasionally gone off-topic or brought up unrelated things.
20. That person has mostly stayed on topic without issue.
21. That person has consistently stuck to the topic at hand.
22. Not sure
23. Have you noticed any changes in how that person sleeps or acts, especially at night?
	* 1. Yes, there have been significant changes. That person has got up at night, wandered without purpose, seeming restless.
		2. There have been some changes. That person sometimes has had trouble sleeping.
		3. There have been very minor changes in their sleep or behavior.
		4. No, that person has slept and acted just as that person always has.
		5. Not sure

 8. Have you noticed any changes in how that person sleeps during the day, such as sleeping all day or sleeping more than usual?

1. Yes, there have been significant changes. That person has slept all day or much more than usual.
2. There have been some changes. That person sometimes has slept much more than usual.
3. There have been very minor changes in his /her sleep or behavior.
4. No, that person has slept and acted just as that person always has.
5. Not sure.
6. In the time since you’ve observed changes, how has that person’s mood been?
7. That person has gotten annoyed, upset, or depressed very easily.
8. That person has been a little more agitated or sad than before.
9. That person has shown rare moments of irritation or sadness.
10. His/her mood has been stable with no new changes.
11. Not sure
12. During this period, have you noticed any signs of apathy or a lack of emotional response in his/her reactions?
	1. Very often, that person has shown significant signs of apathy or lack of emotional response.
	2. Sometimes, that person has shown little to no emotional reaction or has seemed indifferent.
	3. Rarely, there have been signs of apathy or lack of emotional response.
	4. No, his/her emotional responses have been normal.
	5. Not sure
13. During this period, have you noticed any signs of slowed thinking or delayed responses in their reactions?
	1. Very often, that person has shown significant signs of slowed thinking or delayed responses.
	2. Sometimes, that person has slowed thinking or delayed responses.
	3. Rarely, there have been signs of slowed thinking or delayed responses.
	4. No, their thinking and responses have been normal.
	5. Not sure
14. During this period, have you noticed any changes in their level of alertness or awareness?
15. Very often, that person has been significantly less alert or aware.
16. Sometimes, that person has been less alert or aware.
17. Rarely, there are moments when that person has been less alert or aware.
18. No, their level of alertness and awareness has been normal.
19. Not sure
20. During this period, have you noticed any reduction in their spontaneity or initiative?
	1. Very often, that person has shown a significant reduction in spontaneity or initiative.
	2. Sometimes, that person has seemed less spontaneous or shows reduced initiative.
	3. Rarely, there are moments when that person has shown reduced spontaneity or initiative.
	4. No, their level of spontaneity and initiative has been normal.
	5. Not sure
21. In the past few weeks, has that person made sense when speaking?
22. That person has often been hard to understand, such as mixing up words or talking about unrelated things.
23. Sometimes his/her words have been a bit difficult to understand, or that person has lost the thread of conversation.
24. His/her speech has been normal as before.
25. Not sure.

1. Has that person said he/she has seen or heard things that were not there?
2. Yes, that person frequently has mentioned seeing people or hearing noises that I didn’t notice.
3. That person has talked about seeing or hearing something strange a few times.
4. No, that person hasn’t said anything about this.
5. Not sure.
6. In the past week, how often has that person forgotten things he/she would normally remember?
7. Almost every day, that person has forgotten things like meals, taking medication, or recent conversations.
8. A few times this week, that person has needed reminders for daily routines or recent events.
9. Once or twice, that person has forgotten something minor.
10. That person has been remembering things just as that person always do.
11. Not sure
12. Have you noticed that person having trouble organizing their thoughts or following through with tasks?
13. That person regularly has lost track of what he/she was doing and couldn’t do tasks in right order.
14. Sometimes that person has started a task and then gotten sidetracked, and his/her explanation was odd.
15. That person occasionally has gotten mixed up with tasks but could handle them.
16. That person had handled tasks and conversations as well as before.
17. Not sure.
18. In your day-to-day interactions these days, how well has that person remembered things around him/her?
19. He/she has often forgotten everyday things that they’re used for.
20. He/she has needed a little help or reminder while using those items.
21. He/she has known his surroundings well.
22. Not sure.
23. In those days how well has that person followed orders?
24. He/she has often failed to follow orders.
25. He/she has needed a little help to follow orders, sometimes.
26. He/she has followed orders well.
27. Not sure.
28. Since when have you noticed all the above changes?

A. In the last 24 hours

B. Within the last few days

C One week ago

D. More than one week but less than 1 month

E. More than 1 month

F. Not sure

1. When these changes in behavior occur, do they happen gradually or suddenly?

A. Quick changes within hours or less

B. Changes within 1 day

C. Gradual changes that took several days or weeks

D. Gradual changes that took months or longer

E. Not sure

1. Have you noticed the moments when that person seemed less aware and their behavior changed, then returned to normal?
2. Yes, there have been many changes up and downs in a day.
3. There have been several changes, especially more severe in the evening.
4. No, that person has been mostly the same from morning to night.
5. Not sure.