



Delirium Detection Questionnaire²⁰

This tool is a simple way for you to communicate what you are seeing to a health care professional. Review and complete the following table.

During your interaction with the person today, have you observed any of the following?	YES	NO
Circle the corresponding value in the answer boxes.		
1. Altered level of awareness to the environment in any way different than being normally awake.	3	0
2. Reduced attentiveness; inability to focus on you during the interaction	4	0
3. Fluctuation in awareness and attentiveness, such as drifting in and out during an interaction or through the day.	3	0
4. Disordered thinking; the response (whether verbal or action) is unrelated to the question or request.	3	0
5. Disorganized behaviour; purposeless, irrational, under-responsive or overresponsive to requests.	2	0
6. Unexplained impaired eating or drinking (excluding appetite); unable to perform the actions to feed oneself.	2	0
7. Unexplained difficulty with mobility or movement.	1	0
Score	<input style="width: 50px; height: 30px;" type="text"/>	
Scoring information for health professional use:		
Score	Predictive Value	Description
4	89%	Possible delirium: evaluate potential medical causes, medications, substances, etc.
9	100%	Delirium: immediate medical evaluation required.

²⁰ Shulman, R. & Trillium Health Partners. (2014). *The Sour Seven: Delirium Detection Questionnaire for Caregivers*. Retrieved from: https://static-content.springer.com/esm/art%3A10.1186%2Fs12877-016-0217-2/MediaObjects/12877_2016_217_MOESM1_ESM.pdf