

3D CAM ASSESSMENT [CAM Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission] Version 5.5

Coding Instructions: For any 'Incorrect', 'Yes', 'I don't know' or No response/non-sensical responses, check the box in the final column designating which feature is present.

CAM Feature

READ: I have some questions about your thinking and memory....

				1	2	3	4
1. Please tell me the year we are in right now.	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→	→		
2. Please tell me the day of the week.	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→	→		
3. Please tell me what type of place is this? [hospital]	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→	→		
4. I am going to read some numbers. I want you to repeat them in backwards order from the way I read them to you. For instance, if I say "5 – 2", you would say "2 -5". OK? The first one is "7-5-1" (1-5-7). Say digits one per second.	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→			
5. The second is "8-2-4-3" (3-4-2-8).	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→			
6. Please tell me the days of the week backwards, say Saturday as your first day. [S,F,T,W,T,M,S] may prompt only once with "What is day before Saturday?"	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→			
7. Please tell me the months of the year backwards, say December as your first month. [D,N,O,S,A,J,J,M,A,M,F,J] may prompt only once with "What is month before December?"	<input type="checkbox"/> Correct	<input type="checkbox"/> Refused	<input type="checkbox"/> Incorrect, Don't Know, No response, Non-sensical response	→			
8. During the past day have you felt confused? <i>About basic info (i.e.orientation, reason for hospitalization) not details of medical condition/treatment.</i>	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes, Don't Know, No response, Non-sensical response				
9. During the past day did you think that you were not really in the hospital?	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes, Don't Know, No response, Non-sensical response				
10. During the past day did you see things that were not really there?	<input type="checkbox"/> No	<input type="checkbox"/> Refused	<input type="checkbox"/> Yes, Don't Know, No response, Non-sensical response				
Observer Ratings: To be completed after asking the patient questions 1-10 above.							
11A. Was the patient sleepy during the interview? <i>(requires evidence of falling asleep at least 1 time, for ex. head bob, twitch, eyes roll back, snore; but easy to arouse)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→	→	
11B. Was the patient stuporous, or comatose during the interview? <i>(he/she is difficult to impossible to arouse)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→	→	

12. Did the patient show hypervigilance? (<i>having excessively strong responses to ordinary objects/stimuli in the environment, being inappropriately startled</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→	→	
13. Was the patient's flow of ideas unclear or illogical? (<i>nonsensical speech, inappropriate answers to questions, contradictory statements or shifting unpredictably from subject to subject</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→		
14. Was the patient's conversation rambling, inappropriately verbose, or tangential? (<i>off target responses or telling a story unrelated to the interview</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→		
15. Was the patient's speech unusually limited or sparse? (<i>inappropriately brief or stereotyped answers</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→	→		
16. Did the patient have trouble keeping track of what was being said during the interview? (<i>repeatedly asking the interviewer to repeat questions</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→			
17. Did the patient appear inappropriately distracted by environmental stimuli? (<i>such as television, people outside the room, roommate's conversations</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes	→			
18. Did the patient's level of consciousness fluctuate during the interview? (<i>frequently falling asleep for part of the interview, but wide awake for part of the interview</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes				
19. Did the patient's level of attention fluctuate during the interview? (<i>very inattentive for part of the interview, but attentive for part of the interview--Note: just getting some questions correct and others incorrect is insufficient to code this feature</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes				
20. Did the patient's speech/thinking fluctuate during the interview? (<i>speaks very slowly during part of the interview then very fast, or speech was coherent for part of the interview and then nonsensical</i>)	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes				
OPTIONAL QUESTIONS: COMPLETE ONLY IF FEATURE 1 IS NOT CHECKED AND FEATURE 2 IS CHECKED AND EITHER FEATURE 3 OR 4 IS CHECKED							
21. Consult the medical record or contact a family member, friend, or health care provider who knows the patient well to find out if the patient is experiencing an acute change. "Is the patient experiencing an acute change in their memory or thinking?"	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes				
22. IF SECOND DAY OF HOSPITALIZATION OR LATER AND PREVIOUS 3D-CAM RATINGS ARE AVAILABLE: Review previous 3D-CAM assessments and determine if there has been an acute change in performance, based on ANY new "positive" items	<input type="checkbox"/> No	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes				
CAM Summary: Check if Feature Present in column above				1	2	3	4
DELIRIUM REQUIRES FEATURE 1 AND 2 and EITHER 3 OR 4: _____ Present _____ Not Present							
Optional 3D-CAM-S Severity Score: Add 1 point for each positive item 1-20 above (add up total number of check marks under CAM Features 1-4 at the right above).							
If items 21 or 22 are asked and are positive, add 1 additional point to the overall score, keeping denominator at 20.							
Total 3D-CAM-S Score = _____/20							