

<b>3D CAM ASSESSMENT</b> [CAM Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission]						
Coding Instructions: Incorrect also includes "I don't know", and No response/non-sensical responses. For any 'Incorrect' or 'Yes' 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. Can you tell me the year we are in right now?	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	→	→		
2. Can you tell me the day of the week?	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	→	→		
3. Can you tell me what type of place is this? [hospital]	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	→	→		
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).	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	→			
5. The second is "8-2-4-3" (3-4-2-8).	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	→			
6. 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	→			
7. 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	→			
8. During the past day have you felt confused?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
9. During the past day did you think that you were not really in the hospital?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
10. During the past day did you see things that were not really there?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
<b>Observer Ratings: To be completed after asking the patient questions 1-10 above.</b>						
11. Was the patient sleepy, stuporous, or comatose during the interview?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	→	→	
12. Did the patient show excessive absorption with ordinary objects in the environment (hypervigilant)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	→	→	
13. Was the patient's flow of ideas unclear or illogical, for example tell a story unrelated to the interview (tangential)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	→		
14. Was the patient's conversation rambling, for example did he/she give inappropriately verbose and off target responses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	→		
15. Was the patient's speech unusually limited or sparse? (e.g. yes/no answers)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→	→		
16. Did the patient have trouble keeping track of what was being said during the interview?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→			
17. Did the patient appear inappropriately distracted by environmental stimuli?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	→			
18. Did the patient's level of consciousness fluctuate during the interview, for example, start to respond appropriately and then drift off?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
19. Did the patient's level of attention fluctuate during the interview, e.g., did the patient's focus on the interview or performance on the attention tasks vary significantly?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
20. Did the patient's speech/thinking fluctuate during the interview, for example, patient spoke slowly, then spoke very fast?	<input type="checkbox"/> No	<input type="checkbox"/> Yes				
<b>OPTIONAL QUESTIONS: COMPLETE ONLY IF FEATURE 1 IS NOT CHECKED AND FEATURE 2 IS CHECKED AND EITHER FEATURE 3 OR 4 IS CHECKED</b>						
21. Contact a family member, friend, or health care provider who knows the patient well and ask: "Is there evidence of an acute change in mental status (memory or thinking) from the patient's baseline?"	<input type="checkbox"/> No	<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"/> Yes				
<b>CAM Summary: Check if Feature Present in column above</b>			1	2	3	4
<b>DELIRIUM REQUIRES FEATURE 1 AND 2 and EITHER 3 OR 4: _____ Present _____ Not Present</b>						