The 3D-CAM Training Manual

For Clinical Use

The 3D-CAM is a brief verbal assessment tool that can be used to test patients for delirium. The 3D-CAM can be completed in an average of 3 minutes and performs very well compared to an expert evaluation. This document will explain how to use the 3D-CAM in a clinical setting and will provide some background on delirium and how this tool came to be. We hope you find this manual very easy to use. If you have any questions, please do not hesitate to contact:

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Dear Colleagues,

We are very pleased that you are considering using the 3D-CAM: the 3-Minute Diagnostic Interview for Confusion Assessment Method (CAM) defined delirium.

The 3D-CAM was developed with support from the National Institute on Aging. Sophisticated measurement and biostatistics methods were used to identify the best assessment items for each of the 4 diagnostic features of delirium in the CAM. The resulting 3D-CAM interview can be completed in a median of 3 minutes, and has excellent diagnostic test characteristics with a sensitivity of 95% and specificity of 94% compared to a reference standard based on an extensive clinical evaluation..

We hope that the following Users Guide will assist in your use of the 3D-CAM in your clinical practice. If you have any suggestions how to make this manual better, please send us feedback using the contact information above.

Thank you again for choosing the 3D-CAM.

Sincerely yours,

Edward R. Marcantonio, M.D., S.M. *Sharon K. Inouye, M.D., M.P.H.*

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Acknowledgments

This manual was developed incorporating information and materials (with permission) from the following sources:

1. Marcantonio ER, Ngo L, O'Connor MA, Jones RN, Crane PK, Metzger ED, Inouye SK. 3D-CAM: Validation of a 3-Minute Diagnostic Interview for CAM-defined Delirium. Ann Int Med. 2014; 161(8): In Press.

2. Inouye SK. The Confusion Assessment Method (CAM): Training Manual and Coding Guide. 2003; Boston, Hospital Elder Life Program, LLC <www.hospitalelderlifeprogram.org>.

3. Inouye SK. The Confusion Assessment Method (CAM): Short CAM Training Manual and Coding Guide. 2014; Boston: Hospital Elder Life Program, LLC <www.hospitalelderlifeprogram.org>.

4. The SAGES Study: Training Manual and Questionnaires; 2010; Boston, Aging Brain Center.

Introduction

Delirium is a sudden change in someone's thinking ability that can have devastating consequences and can be very easily missed due to its frequent subtlety. This common condition remains distressingly under-recognized, with average detection rates of 12-35% in most clinical settings. The 3D-CAM, which stands for: "3-minute diagnostic interview for CAM-defined delirium", will provide an efficient and reliable way to determine if a patient is delirious. The 3D-CAM can be completed in a median of 3 minutes, and has excellent diagnostic test characteristics with a sensitivity of 95% and specificity of 94% compared to a reference standard based on an extensive clinical evaluation*.

The 3D-CAM is a short interview that uses verbal responses and allows completion of the Confusion Assessment Method (CAM) diagnostic algorithm†. By providing a short, reproducible method for detecting delirium, the 3D-CAM facilitates needed systematic case-finding for delirium among vulnerable hospitalized elders.

This manual includes the 3D-CAM instrument to be used in a clinical setting and includes possible skip patterns that can shorten the instrument even further. Please use this manual in any way that fits the needs of you and your team. During training, we have found that assessing patients in teams of two and discussing the scoring afterwards helps tremendously with understanding of the instrument and helps with consistency in the diagnosis of delirium.

*Marcantonio ER, Ngo L, O'Connor MA, Jones RN, Crane PK, Metzger ED, Inouye SK. 3D-CAM: Validation of a 3-Minute Diagnostic Interview for CAM-defined Delirium. Ann Int Med. 2014; 161(8): In Press.

† Inouye SK, van Dyck CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: the confusion assessment method. A new method for detection of delirium. Ann Intern Med. 1990;113(12):941-8. PubMed PMID: 2240918.

Delirium Assessment Specifics

There are 4 key features of delirium that are identified in 2 ways 1) By asking the patient questions and 2) By observing the patient's speech and behavior.

Overview: Each item in the 3D-CAM instrument directly informs one of the 4 CAM features in the algorithm that leads to determining the presence or absence of delirium. For all items, if the patient's answer is 'incorrect' or 'yes', then the appropriate (unshaded) column on the right side is checked. Each of the 4 columns designates a CAM feature. If ANY ONE box in a column is checked, the feature is considered present and should be checked in the CAM Summary row near the bottom of the instrument. The CAM algorithm is considered positive if the following features are present: Feature 1) Acute onset or fluctuating course **and** Feature 2) Inattention **and either** Feature 3) Disorganized thinking **or** Feature 4) Altered level of consciousness.

Here are some general guidelines:

-Make sure the patient has GLASSES and HEARING AIDS on.

-Prepare yourself to CODE WHAT YOU SEE AND HEAR. Make no assumptions as to the cause of the behavior and take ample notes as necessary.

-Each question can be stated twice.

- 'I don't know', no response at all or a non-sense response all count as 'incorrect'

3D-CAM ITEM BY ITEM GUIDE

These training instructions will provide item-by-item guidance for the 3D-CAM instrument when the full instrument is administered with no skip patterns:

1. **What is the year**?
    - A correct answer must be exact

2. **What is the day of the week**?
    - A correct answer must be exact

3. **What type of place is this?**
    - A correct answer must be exact, for example: hospital, a rehabilitation center and/or nursing home, or home as appropriate. The patient does not have to know the actual name of the facility, just that it is a facility providing care to those who are acutely ill (if in a hospital). However, if the patient voluntarily gives the wrong name for the facility, then code incorrect

*****If any of 3 items above are anything other than correct, feature 3 is present – check the unshaded box in the column on the right***

4. **and 5. Digits Backwards**
    - Make eye contact and attempt to gain the patient's attention. Say digits at a rate of one per second. Numbers may not be repeated. If asked to repeat, say, "I'm sorry I can only say them once. Let's try the next one." Directions may be repeated once.
    - Score of 'correct' is given only if completely correct and 'error' if not. Please go through both items regardless of whether or not preceding item is done correctly.

6. **Days of the Week Backwards**
    - If the patient stares blankly after you ask him the question, say: "Can you tell me what is the day that comes before Saturday?" If the patient starts to give the days of the week backward and stops midway through answering, encourage him to continue. Say "Can you keep going? Can you tell me what comes before (say the last day that the patient gave)?" For example, if the patient responds, Saturday, Friday, then stops, the interviewer probes with "Can you tell me what day comes before Friday? If the patient responds Thursday, Wednesday, then stops, the interviewer can probe with "Can you tell me what comes before Wednesday?" If the patient cannot continue after he has been prompted twice, stop prompting and proceed to the next question

7. **Months of the Year Backwards**
    - Use same prompting approach as above for days of week. Remember, if the patient cannot continue after he has been prompted 2 times in total, stop prompting and proceed to the next question.

*****If any of items 4, 5, 6, or 7 above are anything other than correct, feature 2 is present– check the unshaded box in the column on the right***

PATIENT-REPORTED SYMPTOMS

8. Have you felt confused at any time during the past day?

- Can prompt with "Any time in the last 24 hours" if they say "Well not today but I was last night". Can also rephrase to say "Have you felt mixed up about anything you normally wouldn't feel mixed up about?"

9. During the past day did you think that you were not really here [in the hospital]?

- Can give an example 'For example, did you wake up in the middle of the night or this morning and think you were at home?'

10. During the past day, did you see things that were not really there?

- If the patient does not understand the question or if you feel you need to rephrase the question, say "Sometimes in the hospital, people feel mixed up and think strange things have happened to them. I want to know whether any of these things have happened to you. For example, did you think you saw a cup on the table and when you reached for it, it wasn't there"?
- If the patient reports no perceptual disturbances in response to this question but verbally reports having a disturbance later at another point in the interview, rephrase the appropriate questions and ask whether the patient did actually have the experience. For example say, "Now let me make sure that I understand you. Did you say that you thought you saw....?" Then find out exactly when it happened, that is, whether it happened within the last 24 hours. If the response is yes, within 24 hours, change the appropriate response category to reflect this.

*****If any of items 8, 9, or 10 above are anything other than 'no', feature 1 is present– check the unshaded box in the column on the right***

OBSERVATIONAL ITEMS

11. Was the patient sleepy, stuporous, or comatose during the interview?

- When entering the room and waking a patient up the first time, reduced level of consciousness (LOC) should not be coded. Even if you have to prod them strongly to wake them, this first 'wake up' is allowed as normal. A reduced LOC should only be coded when there is evidence of falling asleep while you are still in the room.
- Assessing level of consciousness: Utilize the following 3 successive stimuli for arousal:
    i. Loud voice
    ii. Gentle touch (hand, then arm)
    iii. Loud voice and gentle shaking of one shoulder

Examples: If the patient is any of these, altered level of consciousness will be 'yes'.

- Sleepy: Patient arouses readily to voice or gentle touch.
- Stupor: Patient requires loud voice and shaking repeatedly.
- Coma: Patient is unarousable by any of these means.

Additional hints:

- If patient keeps eyes closed for entire interview but answers questions correctly and none of the stimuli described above are needed, do not score as sleepy. Evidence of actually falling asleep is needed to be coded as sleepy (see below).
- To determine if someone is really asleep, you will need to be patient. If you do not get a response to a question and the patient has their eyes closed, please wait at least 20-25 seconds to see if they respond spontaneously. If they do not respond, carefully look for additional signs of sleep (eyes rolled back, head bobbing, snoring, twitching, etc)
- If eyes are closed with no signs of sleep, say their name and ask them if you should repeat the question or if they were 'just thinking'

12. Did the patient show <u>hypervigilance</u> such as excessively strong responses to ordinary objects/stimuli in the environment, for example, being inappropriately startled, etc? <u>Note</u>: Triggers altered level of consciousness

- If the patient seems extremely watchful, and is constantly scanning the environment and focusing on objects he is hypervigilant. If he becomes excessively absorbed with objects, he may be hypervigilant. When the patient appears hypervigilant because he is carrying out a specific task, for example, repetitively folding sheets during interview, only code as hypervigilant if the patient is absorbed with examining the sheets at the same time. The patient would have to be examining the sheets as he was folding them for this behavior to be coded as hypervigilance. The patient can be grasping and picking the sheets but not be fixated on them. There is often a foreboding quality to the hypervigilance, with the patient appearing fearful. An example of hypervigilance with this foreboding quality is when a patient seems fixated on a cardiac monitor and cringes from it, or looks afraid.

*****If either items 11 or 12 above are 'yes', feature 4 is present– check the unshaded box in the column on the right***

13. Was the patient's <u>Flow of ideas unclear or illogical</u>, for example saying something that makes no sense, unrelated to the interview (tangential) or making contradictory statements?

- Some patients are just loquacious (talkative) and take a long time to answer the interviewer's question. Although the patient's answer might at first appear tangential, if the stories are related to the questions and the patient eventually responds to the question, this is not coded as tangential. The talking must be about something unrelated to the question, or a change of subject to be coded as tangential. For example, the interviewer is asking questions about sleep problems and the patient responds by telling you about his family or asks you whether you are married. Also code illogical flow if a persistent thought(s) prevents patient from answering the interviewer's question.
- Non-sense answer: You ask the patient if they needed help with eating, and the response is: "All the bags are here."
- Contradictory statement: Patient said they slept through the night, and then later indicated the nurse kept coming in and waking them up throughout the night.
- Note: Patient must be able to speak (e.g., not comatose, intubated) to assess this item. NOTE: Do not score slurred or garbled speech, reversed words, or reversed letters as disorganized speech.

14. Conversation rambling, for example did he/she give inappropriately verbose and off target responses?

- Did the patient respond with rambling conversation, for example tells a story upon answering the question which is inappropriately verbose or long. Some patients are just loquacious (talkative) and take a longer time to answer the interviewer's question. The talking must be excessive and off target (something minimally related to the question) to be coded as rambling.

15. Was the patient's speech unusually limited or sparse? (e.g. yes/no answers) or unusually slow or halting?

- For limited or sparse speech, the patient doesn't initiate any conversation, but responds adequately to questions, with only yes/no responses. The interviewer might have to repeat the questions several times before the patient responds with anything more than yes/no answers. In severe cases, there is almost no conversation from the patient.
- Speech is unusually slow/halting if there are long pauses during completion of a thought or if speech is markedly slower than normal conversation

*****If any of items 13, 14, or 15 above are 'yes', feature 3 is present– check the unshaded box in the column on the right***

16. Did the patient have trouble keeping track of what was being said during the interview, for example, fail to follow instructions or answer questions one at a time?

- If the interviewer has to ask questions repeatedly before the patient responds, this is a case of the patient having trouble keeping track of the interview. Additional inattentive behaviors are as follows: a) The patient does not follow what is being said during the interview, that is, he may be answering a question and in the middle looks away from the interviewer or just stops talking and does not finish responding; b) The patient loses track of the fact that he is being interviewed. For example, the patient starts to speak to someone else and doesn't come back to the interview; c) The patient can also lose track of what he is saying. The patient often has little eye contact with the interviewer. This item can also be present when the patient answers each question with the exact same response, even though it is no longer appropriate to the question.

17. Did the patient fail to attend to the interview due to being inappropriately distracted by environmental stimuli, for example, respond to questions asked of roommate?

- If the patient seems inappropriately diverted by normal stimuli, code him as distractible. Such patients are generally unable to screen out easily recognizable sounds or sights. For example, the patient stops answering questions because he hears people in the hall talking, running water, or beepers. He is easily sidetracked by these sounds and turns his head away from the interviewer. If the patient is appropriately distracted by momentary noise, like something dropping outside his door or loud talk, do not code this as positive. A sure sign that the patient is not inappropriately distracted is when the interviewer is also distracted by the noise.

*****If either item 16 or 17 above are 'yes', feature 2 is present– check the unshaded box in the column on the right***

**Note for final 3 items below: Fluctuation refers to consistency of a symptom or symptoms across the interview. If symptom(s) are consistent throughout, then fluctuation is not present. If symptoms tend to come and go, fluctuation is more likely present.

18. Did the patient's level of consciousness fluctuate during the interview, for example, start to respond appropriately and then drift off?

- Example: For part of the interview, patient is alert and responsive to all questions, while at other times patient is sleepy and difficult to arouse.

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 (digit span, days & months backwards) vary significantly?

- Did patient demonstrate a fluctuating level of attention or inattention on either informal or formal tasks of attention? Formal tasks (digit span, DOW and MOY backwards): Was attention variable within or between items? Was the patient able to do the harder tasks but struggled with the easier ones?
- Example: For part of the interview, the patient is able to focus on questions and keep track of what is being said; at other times, interviewer cannot engage the patient, who perseverates or answers inappropriately.

20. Did the patient's speech/thinking fluctuate during the interview, for example, patient spoke slowly for a while, then sped up?

- Example: For part of the interview, patient gives clear, coherent answers, and at other times, gives non-sense, incoherent answers

*****If any of items 18, 19, or 20 above are 'yes', feature 1 is present– check the unshaded box in the column on the right***

SUPPLEMENTARY QUESTIONS: To be asked only if Feature 1 is NOT present, Feature 2 is present, and either Feature 3 or Feature 4 are present.

21. IF IT IS THE FIRST DAY OF HOSPITALIZATION OR NO PREVIOUS 3D-CAM RATINGS ARE AVAILABLE: 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?"

- This question is asking about a recent change in behavior. Is his/her relative confused? Does he/she seem disoriented? An example would be if his/her friend or relative suddenly does not make sense at times when talking. Code the item as 'yes' if these changes are NEW and have occurred mainly in the past few hours to days. If they have been problems for many months, answer NO. If the answer is 'yes', then CAM feature 1 should be coded as positive which would confirm delirium positive.

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

- For example if the patient scored worse on any of the attention items on interview day #2, acute change can be coded on that day. The same applies for any of the 4 CAM features. If the answer is 'yes', then CAM feature 1 should be coded as positive which would confirm delirium positive.

Scoring the 3D-CAM

The 3D-CAM is considered positive if the following features are present: 1) acute onset or fluctuating course **and** 2) inattention **and** 3) either disorganized thinking **or** 4) altered LOC

Feature	Question #	Positive Answer
1. Acute Onset -OR- Fluctuation	**Any of the items 8, 9, 10** **Any of the items 18,19 & 20**	**Anything other than 'no' is coded** **Answer is 'yes'**
-AND-		
2. Inattention	**Any of the items 4, 5, 6, 7** **Either of the items 16 & 17**	**Anything other than 'correct' is coded** **Answer is 'yes'**
-AND EITHER-		
3. Disorganized Thinking	**Any of the items 1, 2, 3** **Any of the items 13, 14, 15**	**Anything other than 'correct' is coded** **Answer is 'yes'**
-OR-		
4. Altered Level Of Consciousness	**Either of the items 11 or 12**	**Answer is 'yes'**
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3D-CAM FLOW DIAGRAM

Feature 1: Acute Change/Fluctuating Course
Any ONE of the following present?*
Assessment questions: Self report of confusion OR disorientation OR hallucinations
Observed fluctuations in: consciousness OR attention OR speech

YES/NO

Feature 2: Inattention
Any ONE of the following present?
Assessment questions incorrect: Digit Span 3 backwards OR 4 backwards OR days of week backwards OR months of year backwards
Observed: Trouble keeping track of interview or inappropriately distracted

NO → **DELIRIUM NOT PRESENT**

YES

Feature 3: Disorganized Thinking
Any ONE of the following present?
Assessment questions incorrect: Orientation to year, day of week, type of place
Observed: Flow of ideas unclear/illogical, conversation rambling/off target or abnormally sparse

YES → **DELIRIUM PRESENT** (only if the first box, feature 1, is a yes. If not, see last box)

NO

Feature 4: Altered Level of Consciousness
Any ONE of the following present?
Observed: Patient sleepy, stuporous, comatose and/or hypervigilant

YES → **DELIRIUM PRESENT**

NO → **DELIRIUM NOT PRESENT**

**Feature 1 Supplementary Questions:* To be asked only if feature 2 is present and either feature 3 or feature 4 is present, but feature 1 is uncertain:
Contact a family member, friend or health care provider and ask, "Is there evidence of acute (sudden) change in mental status (memory or thinking) from the patient's baseline?"
OR
If 2nd day of hospitalization or later and previous 3D-CAM ratings are available: Has there been an acute change in performance, based on ANY new "positive" items?

YES → **DELIRIUM PRESENT**

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Supplemental Instructions for Use of Clinical Version

The 3D-CAM instrument is in the form of a bedside, user-friendly chart. This chart is divided into 2 overall sections with the first being patient assessment questions 1-10 and the second being 'Observer Ratings' items 11-22. Secondarily, there are sub-sections by feature divided by a bold line (For example, the first sub-section is questions 1-3 which informs Feature 3). Start by asking the patient questions 1-10. The remainder of the items should be completed immediately after concluding the patient interview.

For all items, if the patient's answer is 'incorrect' or 'yes', then the appropriate (unshaded) column on the right side is checked. Each of the 4 columns designates a CAM feature. If ANY ONE box in a column is checked, the feature is considered present and should be checked in the CAM Summary row near the bottom of the instrument. The CAM algorithm is considered positive if the following features are present: Feature 1) Acute onset or fluctuating course **and** Feature 2) Inattention **and either** Feature 3) Disorganized thinking **or** Feature 4) Altered level of consciousness.

For an even shorter instrument, skip patterns can be utilized.

First skip pattern option

The first skip pattern includes ALL patient questions but allows some of the items in 'Observer Ratings' to be skipped:

- If a patient answers any of the first three questions incorrectly, Feature 3 is present so observer ratings 13-15 (which also inform Feature 3) can be skipped.
- If a patient answers any of 4-7 questions incorrectly, Feature 2 is present so observer ratings 16 and 17 can be skipped.
- If a patient answers any of 8-10 questions incorrectly, Feature 1 is present so observer ratings 18-22 can be skipped.

Second skip pattern option

The second skip pattern option is similar to the first option but skips even more items and is therefore the shortest option. With this option you can skip both patient assessment questions and observer ratings.
If ANY item in a sub-section is answered incorrectly or endorsed as yes, then the rest of the questions in that sub-section and corresponding Observer Rating section can be skipped.

For example: If the patient does not know what day of the week it is, disorganized thinking (Feature 3) is automatically present so the rater does not need to ask the question directly below (#3. Can you tell me what type of place this is?) and also does not need to complete observation ratings questions #13, 14 or 15. The rater would then skip to question #4, the first question in the attention section of the chart and apply the same pattern.

NOTE: The 3D-CAM has only been validated with the administration of all items. It has not been validated with either of the above skip patterns. It is unlikely that skip pattern 1 will degrade the results of the interview. It is possible that skip pattern 2 could degrade the results if so few patient questions are asked that it is difficult to answer the observational questions.

10 TIPS FOR DELIRIUM INTERVIEW SUCCESS

1. The interview “begins” at the door as you observe the patient and his/her behavior on approach. It ends when you leave sight of the patient.

2. When approaching a patient, first observe patient response as he/she sees you approach. If no engagement made, seek patient’s attention with progressively stronger stimuli: speak to patient, lightly touch, gently shake or tap, and lastly shake moderately to arouse.

3. Speak slowly and clearly. Do not rush.

4. In assessing for disturbance of behavior remember the comparison is to the norm of human behavior. No excuses because in hospital, ill, older, just got medication, etc…

5. If patient shows increasing impatience with interview and seems to be tiring of questions, offer positive reinforcement and insure that there are just a few more questions remaining.

6. Complete observational scoring sections of interview as soon as interview ends.

7. Review each item of the interview before completing the diagnostic algorithm.

8. The assessment of attention is key in delirium detection. Carefully observe patient’s ability to maintain and appropriately shift attention during both informal and formal testing items.

9. In cases of incomplete patient questioning the observational items should still be competed.

10. Jot notes describing patient behavior and performance to support observations

APPENDIX:

3D CAM ASSESSMENT [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?	☐ Incorrect	☐ Correct				
2. Can you tell me the day of the week?	☐ Incorrect	☐ Correct				
3. Can you tell me what type of place is this? [hospital]	☐ Incorrect	☐ Correct				
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 "8-2-5" (5-2-8).**	☐ Incorrect	☐ Correct				
5. **The second is "3-1-9-4" (4-9-1-3).**	☐ Incorrect	☐ Correct				
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.*	☐ Incorrect	☐ Correct				
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.*	☐ Incorrect	☐ Correct				
8. **During the past day have you felt confused?**	☐ Yes	☐ No				
9. [IF Q3 is "Incorrect", do not ask and check "Yes", otherwise, ASK:] **During the past day did you think that you were not really in the hospital?**	☐ Yes	☐ No				
10. **During the past day did you see things that were not really there?**	☐ Yes	☐ No				
Observer Ratings: To be completed after asking the patient questions 1-10 above.						
11. Was the patient sleepy, stuporous, or comatose during the interview?	☐ Yes	☐ No				
12. Did the patient show excessive absorption with ordinary objects in the environment (hypervigilant)?	☐ Yes	☐ No				
13. Was the patient's flow of ideas unclear or illogical, for example tell a story unrelated to the interview (tangential)?	☐ Yes	☐ No				
14. Was the patient's conversation rambling, for example did he/she give inappropriately verbose and off target responses?	☐ Yes	☐ No				
15. Was the patient's speech unusually limited or sparse? (e.g. yes/no answers)	☐ Yes	☐ No				
16. Did the patient have trouble keeping track of what was being said during the interview?	☐ Yes	☐ No				
17. Did the patient appear inappropriately distracted by environmental stimuli?	☐ Yes	☐ No				
18. Did the patient's level of consciousness fluctuate during the interview, for example, start to respond appropriately and then drift off?	☐ Yes	☐ No				
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?	☐ Yes	☐ No				
20. Did the patient's speech/thinking fluctuate during the interview, for example, patient spoke slowly, then spoke very fast?	☐ Yes	☐ No				
OPTIONAL QUESTIONS: COMPLETE ONLY IF FEATURE 1 IS NOT CHECKED AND FEATURE 2 IS CHECKED AND EITHER FEATURE 3 OR 4 IS CHECKED						
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?"	☐ Yes	☐ No				
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	☐ Yes	☐ No				
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						