## **ADDITIONAL FILE 2**

CAM-ICU Features and Descriptions				
1. Acute Or	nset or Fluctuating Course	Absent	Present	
<ul> <li>A. Is there evidence of an acute change in mental status from the baseline?</li> <li>OR</li> <li>B. Did the (abnormal) behavior fluctuate during the past 24 hours, that is, tend to come and go, or increase and decrease in severity as evidenced by fluctuation on a sedation scale (e.g. RASS), GCS, or previous delirium assessment?</li> </ul>				
2. Inattenti	on	Absent	Present	
Did the patient have difficulty focusing attention as evidenced by <b>scores</b> <i>less than 8</i> on either the auditory or visual component of the <b>Attention Screening Examination</b> ( <b>ASE</b> )? (Instructions on next page).				
	ized Thinking	Absent	Present	
Is there evidence of disorganized or incoherent thinking as evidenced by <b>incorrect answers to 2 or more of the 4</b>				
guestions and/or inability to follow the commands?         Questions (Alternate Set A and Set B):       Set A         Set A       Set B         1. Will a stone float on water?       1. Will a leaf float on water?         2. Are there fish in the sea?       2. Are there fish in the sea?         3. Does one pound weigh more than two pounds?       3. Do two pounds weigh more than one pound?         4. Can you use a hammer to pound a nail?       4. Can you use a hammer to cut wood?				
<ol> <li>Are you having any unclear thinking?</li> <li>Hold up this many fingers. (Examiner holds two fingers in front of patient)</li> <li>Now do the same thing with the other hand. (Not repeating the number of fingers)</li> </ol>				
4. Altered 1	Level of Consciousness	Absent	Present	
Is the patient's level of consciousness anything <i>other than alert</i> such as vigilant, lethargic, or stupor? (e.g., RASS other than "0" at time of assessment) Alert spontaneously fully aware of environment and interacts appropriately				
Vigilant	hyperalert			
Lethargic	drowsy but easily aroused, unaware of some elements in the environment, or not spontaneously interacting appropriately with the interviewer; becomes fully aware and appropriately interactive when prodded minimally			
Stupor	Stupor becomes incompletely aware when prodded strongly; can be aroused only by vigorous and repeated stimuli, and as soon as the stimulus ceases, stuporous subject lapse back into the unresponsive state			
<b>Overall</b> CA	<b>M-ICU</b> (Features 1 and 2 and either Feature 3 or 4):	Yes	No	