**Project Delirium**

**Delirium Post-Training Questionnaire**

Following the presentation you have just had, please complete the questionnaire below.

Your responses will be anonymous and are to be used purely for data collection in order to assess how successful the training has been.

1. Are you a Qualified/Non-qualified Practitioner? (delete as appropriate)

2. Do you understand what delirium is?  
   Yes ☐  No ☐
   If yes, what is your definition of delirium?

   

3. Do you know any symptoms you would expect to be displayed in a patient with delirium?  
   Yes ☐  No ☐
   If yes, please list five of the main symptoms you would expect to see?

   i.  
   ii.  
   iii.  
   iv.  
   v.
4. Do you know what the main causes are which would bring on the onset of delirium?
   Yes ☐ No ☐

   If yes, can you please name 5 key causes?
   i. 
   ii. 
   iii. 
   iv. 
   v. 

5. Is delirium the same as dementia? Yes ☐ No ☐
   If no, why is delirium different?

6. Can delirium be cured? Yes ☐ No ☐ Not Sure ☐

7. Do you now feel more confident in caring for a patient with delirium? Yes ☐ No ☐
   If no, why not?

8. Do you think that your stress levels whilst caring for a patient will be reduced now you have a better understanding of delirium? Yes ☐ No ☐
   If no, why not?
9. Do you think that delivery of this training to employees of the Trust (including community services) will....... 

   i. Improve patient experience?   Yes ☐    No ☐
   ii. Improve family and carer experience?   Yes ☐    No ☐
   iii. Reduce Length of Stay?   Yes ☐    No ☐
   iv. Avoid inappropriate admission to Hospital?   Yes ☐    No ☐
   v. Improve staff morale?   Yes ☐    No ☐
   vi. Reduce costs?   Yes ☐    No ☐