Project Delirium  
Delirium Pre-Training Questionnaire

Please can you complete the following questionnaire to ascertain your current knowledge and skills in the ability to recognise and care for patients with a Delirium in Hospital.

Your responses will be anonymous and are to be used purely for data collection.

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 feel confident in caring for a patient with delirium? Yes ☐ No ☐

If no, why not?

8. Do you find dealing with a delirious patient stressful? Yes ☐ No ☐

If yes, why?

9. What challenges do delirious patients bring to the Trust/Department?