Appendix A - Delirium and Pain Self-Assessment Questionnaire:

(Following the final delirium assessment, the following questionnaire will be given to patients):

A. Following your surgery, were there any periods that you felt you could not pay attention to people or things?
   Yes                      No

B. If yes, can you say when:
   Today: morning              afternoon
   Yesterday: morning          afternoon
   Day before yesterday: morning afternoon

C. Following your surgery, were there any period that you felt you were not thinking in a logical or organized way?

D. If yes, can you say when:
   Today: morning              afternoon
   Yesterday: morning          afternoon
   Day before yesterday: morning afternoon

E. Did these feelings negatively affect your experience after the surgery?
   Yes                      No

F. Following your surgery, were there any periods when your pain was uncontrolled?
   Yes                      No
G. If yes, can you say when:

   Today:   morning   afternoon
   Yesterday:   morning   afternoon
   Day before yesterday:   morning   afternoon

H. Did any family members tell you that there were periods following your surgery that you felt you could not pay attention to people or things?
   Yes   No

I. Did any of your family members tell you that there were periods following your surgery when you were not thinking in a logical or organized way?
   Yes   No

J. Following your surgery, did you have bad dreams nightmares?
   Yes   No

K. If yes, can you say when:

   Today:   morning   afternoon
   Yesterday:   morning   afternoon
   Day before yesterday:   morning   afternoon

L. Following your surgery, did you have hallucinations (you saw things or heard things or felt things that were not there)?
   Yes   No

M. If yes, can you say when:

   Today:
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today</td>
<td>morning</td>
<td>afternoon</td>
</tr>
<tr>
<td>Yesterday</td>
<td>morning</td>
<td>afternoon</td>
</tr>
<tr>
<td>Day before yesterday</td>
<td>morning</td>
<td>afternoon</td>
</tr>
</tbody>
</table>