

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

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