Questionnaire on Prevalence of delirium and associated factors in patients admitted to the stroke unit at Tikur Anbessa Hospital, Addis Ababa, Ethiopia

Information Section

* Indicates required question

1. Email *

Subject information sheet

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Hello, My Name is _____, I am admitted to the Stroke unit and I am willing to participate in this research project which will be conducted by Dr Beruk Ketema, a Neurology
resident at Addis Ababa university school of medicine, I understand that this project is designated to gather information on the Prevalence of delirium and associated factors in patients admitted to the stroke unit at Tikur Anbessa Hospital, Addis Ababa, Ethiopia. He has received permission from Addis Ababa University School of Medicine and Tikur Anbessa specialized Hospital Officials to conduct the study.

I give permission for the relevant authorities to have access to my medical record. I have no
objection if the results of the study came out in any of the scientific journals. I understand that the researchers will not identify me by name on any of the reports.

I understand that my participation is voluntary. I am informed that I can withdraw at any time
during the study, without any penalty and in any way affecting my medical care in the future.
I have read the patient information and consent form /has been read to me/. And i have had the opportunity to ask questions. I confirm that i give my consent freely to participate in this study.

Name of participant

Date

Signature/ Thumb print of participant If you need any further information or Explanation regarding to this study, you can have this
address to contact

Name - Dr Beruk Ketema: Neurology Resident
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Email – Berukketema24@gmail.com, Beruk.ketema@aau.edu.et

Diagnosis of Delirium

This questionnaire is developed to assess the prevalence and associated factors of delirium in
patients admitted to the stroke unit at Tikur Anbessa Hospital, Addis Ababa, Ethiopia

2. Date?

Example: January 7, 2019

3. Time? *

Example: 8:30 AM

4. RAAS Score *

5. IQCODE Score

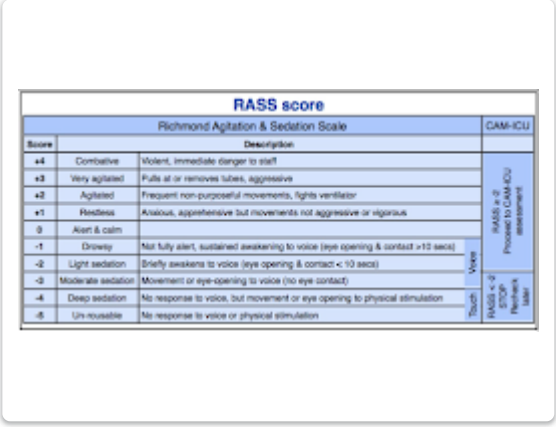
6. The confusion assessment Method
(For diagnosis of Delirium 1 and 2 plus either of 3 or 4 must be present)

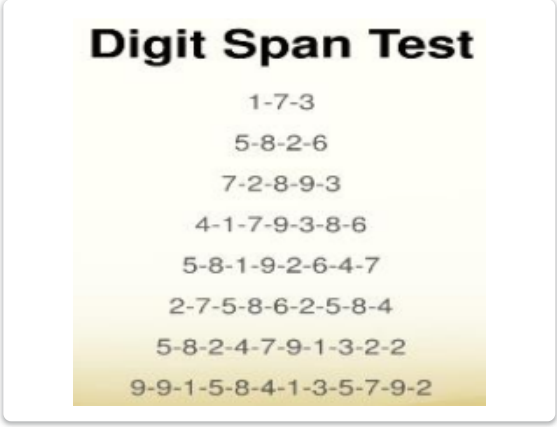
Check all that apply.

- [ ] 1) Acute onset of change in mental status from baseline or Fluctuation
- [ ] 2) Inattention
- [ ] 3) Disorganized thinking
- [ ] 4) Altered Level of Consciousness

7. The confusion assessment for ICU (I-CAM)
(For diagnosis of Delirium 1 and 2 plus either of 3 or 4 must be present)

Check all that apply.





☐ 1) Acute onset of change in mental status (Assessed by RAAS)

☐ 2) Inattention Vigilance A test *Squeeze my hand when I say the later A "C A S A B L A N C A" Or *Digit Span test(Abnormal if less than 5)

☐ 3) Disorganized thinking

☐ 4) Altered Level of Consciousness

8. Study Number

_____

9. Code Number

_____

Sociodemographic Data

Part 1 Socio-demographic Profile

10. 1)Gender

Mark only one oval.

- Male
- Female

11. Age

_____

12. Address

Mark only one oval.

- 1) Urban
- 2) Rural

13. Educational Status

Mark only one oval.

- Elementary
- High school
- Diloma/Certificate
- Degree
- Masters/PHD

14. Marital Status

Mark only one oval.

- Single
- Married
- Divorced
- Others

15. Religion

Mark only one oval.

- Christian
- Muslim
- Others

16. Date of Admission

Example: January 7, 2019

Identifying Risk factor Section

Part 2 Clinical Profile

17. Comorbid illnesses

Check all that apply.

- [ ] Diabetic
- [ ] Hypertensive
- [ ] Cardiac illness, specify_____
- [ ] Asthma
- [ ] Chronic Liver disease
- [ ] Neurologic Disease, Specify
- [ ] Other, Specify

18. If yes, please Specify for the Previous question

_____

19. History of Known Malignancy

Mark only one oval.

- ◯ Yes
- ◯ No

20. If yes, Please Specify for the Previous question

_____

_____

_____

_____

_____

21.

History of alcohol Abuse

Mark only one oval.

- Yes
- No

22. Specify amount if yes for the Previous question

_____

23. History of chewing chat

Mark only one oval.

- Yes
- No

24. Specify amount if yes for the Previous question

_____

25.

History of smoking cigarette

Mark only one oval.

- yes
- No

26. Specify amount if yes for the Previous question

_____

27. History of other substance use

Mark only one oval.

- Yes
- No

28. Specify amount if yes for the Previous question

_____

29. Premorbid Cognitive status(IQCODE Score)

_____

Nutritional Status

30. Weight

_____

31. Height

_____

32. BMI

_____

33. MUAC

_____

34. Does the patient have any sensory impairments like visual or auditory impairments?

Mark only one oval.

- ◯ Yes, Please specify
- ◯ No

35. If yes on the previous question, please specify

_____

36. Is the patient Dehydrated?

Mark only one oval.

- ◯ Yes
- ◯ No

37. Stroke Type

Mark only one oval.

- ◯ Ischemic
- ◯ Hemorrhagic
- ◯ CVT

38. If ischemic stroke, which subtype?

Mark only one oval.

- ◯ Large artery atherosclerosis
- ◯ Cardio embolic
- ◯ Small vessel occlusion
- ◯ Stroke of other determined etiology
- ◯ Stroke of undetermined etiology

39. NIHSS Value

_____

40. Identify a possible precipitating factor (put a mark on the Answer)

Check all that apply.

- ☐ Poor Pain Control
- ☐ Admission to the ICU
- ☐ Using of Physical restrains
- ☐ Urinary Retention
- ☐ Use of Urinary catheter
- ☐ Constipation
- ☐ Polypharmacy(2 or more Medication)
- ☐ Use of Benzodiazepines, Opioids or Anticholinergics
- ☐ General Anesthesia
- ☐ Substance Intoxication/withdrawal
- ☐ New Diagnosis of Meningoencephalitis or other infections
- ☐ History of being operated for cardiac procedures
- ☐ History of recent trauma
- ☐ Inadequate sleeping habit

41. Which of the psychomotor signs were noticed on the patient

Mark only one oval.

- ◯ Hyperactive – symptoms including hyper vigilance, Restlessness, Fast or loud speech, irritability, Combativeness, Impatience, Euphoria, anger or Wandering Around
- ◯ Hypoactive-Unawareness, Decreased Alertness, slow speech, lethargy, slowed movement, staring and apathy
- ◯ Mixed if both of the above have been noticed

42. Did the patient have any Electrolyte derangements?

Mark only one oval.

- ◯ Yes, Please specify
- ◯ No

43. If yes on the Previous question, Please specify
Na- Ca- K- Cl- Mg-

_____

44. ESR value

_____

45. Were the Environmental stressors listed below present in the patients Stay at the stroke unit?

Check all that apply.

- [ ] Excess and Disturbing Noises
- [ ] Poor Lighting during the day time
- [ ] Lack of Family members at Bedside

Outcome Section

46. Outcome of the Patient

Mark only one oval.

- ◯ Discharged Improved
- ◯ Discharged same condition
- ◯ Transferred to the ICU
- ◯ Died

47. Modified Rankin score at Discharge

Table A1.3 Rankin stroke disability scale

Scale	Description of severity of disease
1	Able to carry out all activities of daily living. Almost no disability
2	Slight disability. Self-caring. May not be able to carry out all activities of daily living
3	Moderate disability. Able to walk without an assistant or with a stick. Requires some help in daily tasks
4	Moderately severe disability. Needs an assistant to walk. Needs help with toiletting and other activities
5	Severe disability. Bedbound and incontinent, requiring continuous nursing care

Mark only one oval.

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

48. Date of Discharge

_____

Example: January 7, 2019