

Caregiver Delirium Burden (DEL-B-C)

Participant/Patient's Name: _____ Date: _____

Instructions: Ask the questions in the order listed. Each question should be answered yes/no/uncertain; record response in column A. If yes, ask, "If so, how distressing was that for you?" with the following response categories: not at all distressing (0), a little bit distressing (1), somewhat distressing (2), very distressing (3), or extremely distressing (4); record responses in column B.

Questions	A. Response (yes/no/ uncertain)	B. Level of distress (range 0-4)
1. Was there any time when [patient's name] experienced changes in memory and thinking in the hospital?		
2. Was there any time [patient's name] showed unsafe behaviors (such as pulling tubes, getting out of bed) in the hospital?		
3. Was there any time [patient's name] became irritable or angry in the hospital?		
4. Did [patient's name] see or hear things that were not really there in the hospital?		
5. Was there any time that [patient's name] did not recognize you in the hospital?		
6. Did you ever feel helpless as a caregiver while [patient's name] was in the hospital?		
7. Were you ever concerned that [patient's name] would never be back to his/her usual self?		
8. Were you ever concerned about increased responsibilities as a caregiver?		
Scoring Instructions	Add 1 point for every "yes" (range = 0-8)	Sum all values (range = 0-32)
Column Total Scores		
Total Score (sum of columns A and B, range = 0-40)		
9. Was there anything else you found distressing while [patient's name] was in the hospital?		