**Online-Only Supplemental Tables**

**eTable 1.** **The 20 item list from the 3D-CAM\* used to identify the best screening items**

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| --- | --- |
| 1 | What is the year? |
| 2 | What is the day of the week? |
| 3 | What type of place is this? |
| 4 | Three digits backwards |
| 5 | Four digits backwards |
| 6 | Days of the week backwards |
| 7 | Months backwards |
| 8 | Have you felt confused during the past day? |
| 9 | During the past day, did you think you were not in the hospital? |
| 10 | During the past day, did you see things that were not really there? |
| 11 | Was the patient sleepy/stuporous? |
| 12 | Was the patient hyper vigilant? |
| 13 | Were the patient's flow of ideas unclear/illogical? |
| 14 | Was the patient rambling, verbose and off target? |
| 15 | Was the patient's speech limited, sparse, slow and/or halting? |
| 16 | Did the patient have trouble keeping track of what was said/following directions? |
| 17 | Did the patient appear distracted by environmental stimuli? |
| 18 | Did the patients’ level of consciousness fluctuate? |
| 19 | Did the patients’ level of attention fluctuate? |
| 20 | Did the patients’ speech/thinking fluctuate? |

\*3D-CAM ASSESSMENT instrument can be accessed at http://www.hospitalelderlifeprogram.org/