

### **Survey Legend**

\* = Mandatory question

○ = One response only

□ = Multiple responses accepted

*R* = Responses randomised

*RL* = Responses randomised except for bottom option

## **The 4AT Delirium Assessment Tool: An International Survey of its Use in Clinical Practice**

**We greatly appreciate your interest!**

### **Who are the intended respondents?**

This survey is intended for healthcare practitioners worldwide that use the 4AT to screen patients for delirium (or 'acute confusional state').

### **Please do not fill in this survey if you have never used the 4AT.**

We recently carried out a general survey relating to delirium detection and assessment in the UK. Practitioners who completed that survey are also invited to complete this one. We are very grateful for the support we have received so far.

### **Why this survey?**

As part of our efforts to improve delirium detection and assessment, we plan to carry out a large-scale validation study of the 4AT, but first we would like to find out more about how it is currently used clinically and how it may be improved.

### **What does the survey cover?**

Current practice surrounding the use of delirium screening tools, particularly the 4AT, and your opinions of the 4AT itself.

### **Who is funding this survey?**

The UK National Institute for Health Research, Health Technology Assessment programme. Click here to see the NIHR webpage on the study.

### **Which institutions are involved?**

Team members are employed by the NHS (Edinburgh, Sheffield, Bradford, Leeds), the University of Edinburgh, the University of Sheffield, the University of Leeds and the University of East Anglia.

### **Are my responses anonymous?**

The survey is completely anonymised. No personal identifiable information will be collected as part of the survey. No computer location information will be collected. There are some broad questions on your professional background and the type of setting you work in.

The results of this survey will be submitted as part of a report and published in academic journals. Some completely anonymised responses may be quoted in these publications.

### **How long will the survey take?**

About 10 minutes.

**We highly recommend having a copy of the 4AT in front of you while completing this survey. Please click here to view or download a copy from [www.the4at.com](http://www.the4at.com)**

**Do you agree to participate in this survey and consent to the potential use of your anonymised responses as described above?**

**I agree**

**I do not agree**

**Asterisks (\*) are shown beside questions that require an answer to allow the survey to proceed.**

**Please click Next to begin.**

**Which clinical setting(s) do you currently work in? (primarily, but tick more than one option if your time is divided) \* RL**

Emergency department

Acute assessment / medical assessment unit

Intensive care

Medicine of the elderly

Orthopaedics

Rehabilitation ward

Oncology

Stroke

Hospice / Palliative care

Internal medicine specialist ward (e.g. cardiology, respiratory, gastroenterology, nephrology, endocrinology, neurology)

Old age mental health ward

Liaison mental health

Surgical ward (not including orthopaedics)

Other (please specify)


**Which nation do you work in? \* RL**

England

Northern Ireland

Scotland

Wales

Other (please specify)

**How many years have you been working (approximate full-time equivalent) since obtaining your primary professional qualification? \***

**Which field is your primary professional qualification in? \* R**

Medicine

Nursing

Occupational therapy

Physiotherapy

Other (please specify)

**Which stage of your career are you at? \* RL**

FY1 – 2

ST1 – 2

ST3+

Consultant

Specialist doctor

Associate specialist

Other (please specify)

**Which of the following specialties are you trained in (i.e. to CCT/CCST level) or undergoing training in? \* R**

Geriatric Medicine

Acute Medicine

Emergency Medicine

Anaesthetics

Intensive Care

Palliative Medicine

Old Age Psychiatry

Liaison Psychiatry

General Adult Psychiatry

General Practice

Surgical specialty

General (Internal) Medicine

Other (please specify)

**What is your level of confidence in your own ability to detect delirium? \***

(Can't decide)	Very low	Low	Moderate	High	Very High

**Please answer the following questions using the 5-point scale provided**

	Never / rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always / always (81 – 100%)
How often do you assess patients for delirium?					
When assessing for delirium, how often do you use a scale or other tool?					

Please rank the following tools/criteria in order of how often you have used them to detect delirium in your clinical practice.

Drag-and-drop the options below into the appropriate order, where 1 = most often .

Please mark the items that you have never used as 'N/A' using the option on the right; this could apply to all the items listed

4AT	N/A
Confusion Assessment Method (CAM)	N/A
Confusion Assessment Method – Intensive Care Unit (CAM-ICU)	N/A
Nursing Delirium Scale (NU-DESC)	N/A
Delirium Rating Scale (DRS/DRS-R-98)	N/A
Delirium Observation Scale (DOS)	N/A
Other 1 (please give details below)	N/A
Other 2 (please give details below)	N/A

Many more delirium assessment tools exist. Please add any other tools that you have used.


**Approximately how long has it been since you first used the 4AT?**

<1 month

1 – 6 months

7 – 12 months

>1 year

**Please add any comments here.**


**How often do you use the 4AT in patients at risk of delirium ?**

Never/rarely (0 – 20%)	Sometimes (21 – 40%)	About half of the time (41 – 60%)	Frequently (61 – 80%)	Almost always/ always (81 – 100%)



**When using a tool to screen for delirium, what factors influence your decision to use the 4AT instead of another tool?**


**When using a tool to screen for delirium, what factors influence your decision to use another tool instead of the 4AT?**


**Is the 4AT used as part of routine assessment by you or others in your unit?**

No

Yes

**Please add any comments here.**


**Approximately what proportion of patients in your unit undergo the 4AT?**

(Don't know)	0 – 20%	21 – 40%	41 – 60%	61 – 80%	81 – 100%

**Do you think that use of the 4AT as part of routine assessment is feasible in your unit?**

No

Yes

**Please explain why you think so.**


**To what extent are the following necessary in order for healthcare practitioners to use the 4AT effectively?**

	(Don't know)	None / very little	Some	A moderate amount	Quite a bit	An extensive amount
Knowledge of delirium						
Training in the use of the 4AT						

**Please indicate the extent to which you think the following potential barriers prevent the 4AT from being used more regularly in your unit.**

	Very small	Small	Moderate	Large	Very large
Time constraints					
Existing use of / familiarity with an alternative tool					
Lack of staff confidence in using the tool					
Lack of perceived need to use a delirium screening tool					
Lack of staff knowledge of delirium					

Are there any other factors which prevent the 4AT from being used more regularly? Please state why and the extent to which they contribute.


Please mark the responses below that best reflect your typical experience in using the 4AT with the following groups.

If you have never used the 4AT on a particular group of patients choose 'N/A'. *R*

	Very easy	Easy	Neither easy nor difficult	Difficult	Very Difficult	N/A
Drowsy patients who can not produce verbal responses						
Patients with dementia who are alert and able to converse						
Patients who are agitated and distressed						

**Approximately how long does it typically take you to complete all three of the bedside components of the 4AT (items 1 - 3: 'Level of alertness', 'Months backwards' and 'AMT4')?**

<1 minute

1 – 2 minutes

3+ minutes

**Please add any comments here**


**Approximately how long does it typically take you to do item 4 ('Acute change or fluctuating course')?**

	Time [drop down menu with option for “<1 minute” to “10+ minutes”]
From:	_____
To:	_____

**Please add any comments here**


**Would you suggest any changes to item 1 ('Alertness')?**

Yes

No

**If so please describe which changes, and why.**


**Would you suggest any changes to item 2 ('AMT4')?**

Yes

No

**If so please describe which changes, and why.**


**Would you suggest any changes to item 3 ('Attention')?**

Yes

No

**If so please describe which changes, and why.**


**Would you suggest any changes to item 4 ('Acute change or fluctuating course')?**

Yes

No

**If so please describe which changes, and why.**


**Would you suggest any changes to the scoring system?**

Yes

No

**If so please describe which changes, and why. (Is there an alternative system you could suggest that would work better?)**


**Would you suggest any changes to the current guidance notes?**

Yes

No

**If so please describe which changes, and why.**




**What is your general opinion of the 4AT?**


**Broadly speaking, how has the 4AT been received by your colleagues?**

	(Don't know)	Very Poorly	Poorly	Neutral	Well	Very well
Medical						
Nursing						
Other (if applicable, specify below)						

**Why do you think this is so?**


**Please use this space to comment on any of the issues raised in this survey or any concerns that have arisen through use of the 4AT.**


**We may wish to contact some participants to ask them to expand on some of their answers. If you're happy to share another few minutes of your time please enter your name and email address below. (optional)**

**By providing contact details your results will no longer be anonymous; however this information will only be available to members of the research team and will only be used to contact you in connection with this survey and will not be used for any other purpose.**

**If you do not wish to provide contact details please press next.**

Name


Email  
address

**Your responses have been submitted**

**Thank you - your time and effort is very much appreciated!**

**We would be very grateful if you could help us reach more 4AT users.**

**Please consider:**

- **Forwarding the email you received to 4AT users in your department, Trust/Health board and contacts list, particularly junior doctors and nurses.**
- **Displaying an A4 poster highlighting the survey in your staff area (simply email  for a copy)**

**Clicking 'Done' will bring you to [www.the4at.com/](http://www.the4at.com/) where you will find more information about the 4AT.**