

ICU Nurses Knowledge, Belief and Practices Survey

Scale for Subsyndromal Delirium

To help readers to understand this study, we have translated the questionnaire into English.

Items	Score				
	Very disagree	Disagree	Not Sure	Agree	Very Agree
1. Do you know the difference between Subsyndromal Delirium (SSD) and delirium?	1	2	3	4	5
2. Do you know the scoring criteria for SSD?	1	2	3	4	5
3. Do you know that SSD is a clinical symptom, not a disease?	1	2	3	4	5
4. Do you know of any clear definition and diagnostic criteria for SSD?	1	2	3	4	5
5. Do you know the specific clinical manifestations of SSD?	1	2	3	4	5
6. Do you know the incidence of SSD in ICU patients?	1	2	3	4	5
7. Do you know what are the high risks for SSD?	1	2	3	4	5
8. Do you think the actual occurrence of SSD in ICU is higher than the definite diagnosis in clinical practice?	1	2	3	4	5
9. Do you know the major risk factors for SSD?	1	2	3	4	5
10. Do you know the consequences of SSD?	1	2	3	4	5
11. Do you know what assessment tools can diagnose SSD?	1	2	3	4	5

12. Do you know what are the main nursing measures to prevent SSD?	1	2	3	4	5
13. Do you know that SSD exists and is often hidden in delirium-negative patients?	1	2	3	4	5
14. Do you know that non-pharmacological is the preferred intervention for the treatment of SSD?	1	2	3	4	5
15. Do you know how to conduct health education for patients with SSD and their families?	1	2	3	4	5
Attitudes	Very disagree	Disagree	Not Sure	Agree	Very Agree
16. Do you think it is necessary for ICU nurses to know about SSD in their clinical work?	1	2	3	4	5
17. Do you think it is necessary for ICU nurses to be able to assess and diagnose SSD?	1	2	3	4	5
18. Do you think your knowledge of SSD meets clinical needs?	1	2	3	4	5
19. Do you think it is necessary to routinely use assessment tools to assess SSD?	1	2	3	4	5
20. Do you think SSD is widely recognised and effectively treated by medical professionals?	1	2	3	4	5
21. Do you think it is necessary for ICU staff to make bedside rounds and discuss SSD together?	1	2	3	4	5
22. I would like to receive training in SSD.	1	2	3	4	5
Practices	Very disagree	Disagree	Not Sure	Agree	Very Agree
23. I can timeously report the patient's state of	1	2	3	4	5

consciousness to the doctor.					
24. I can use SSD assessment tools frequently in my clinical work.	1	2	3	4	5
25. I can be trained in SSD to improve my recognition and care.	1	2	3	4	5
26. I can use noise reduction, eye masks or earplugs at night to prevent patients' sleep deprivation.	1	2	3	4	5
27. Depending on the patient, I can administer daily arousal (or daily sedation interruption) and cognitive stimulation.	1	2	3	4	5
28. I will choose sedative and respiratory expansion training according to the patient's condition.	1	2	3	4	5
29. I will encourage the patient's family members to accompany the patient as much as possible if conditions permit.	1	2	3	4	5
30. I will help the patient with early functional exercise if conditions permit.	1	2	3	4	5
31. I would recommend early transfer out of ICU if the condition permits.	1	2	3	4	5
32. I will carefully evaluate whether the patients need to be restricted to avoid the stimulation of unnecessary restraint.	1	2	3	4	5