

A page of the Spring 2001 issue was incomplete because of a production error. The corrected page 242 appears below (last page of Appendix A, "The Delirium Rating Scale-Revised-98," in Trzepacz PT et al.: The Delirium Rating Scale-Revised-98: comparison with the Delirium Rating Scale and the Cognitive Test for Delirium. J Neuropsychiatry Clin Neurosci 2001; 13(2):229-242).

<b>DRS-R-98 SCORESHEET</b>			
<b>Name of patient:</b> _____	<b>Date:</b> ____ / ____ / ____ <b>Time:</b> ____		
<b>Name of Rater:</b> _____			
<b>SEVERITY SCORE:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 25px; vertical-align: middle;"></span>	<b>TOTAL SCORE:</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 25px; vertical-align: middle;"></span>		

Severity Item	Item Score				Optional Information
Sleep-wake cycle	0	1	2	3	<input type="checkbox"/> Naps <span style="float: right;"><input type="checkbox"/> Nocturnal disturbance only</span> <input type="checkbox"/> Day-night reversal
Perceptual disturbances	0	1	2	3	Sensory type of illusion or hallucination: <input type="checkbox"/> auditory <input type="checkbox"/> visual <input type="checkbox"/> olfactory <input type="checkbox"/> tactile Format of illusion or hallucination: <input type="checkbox"/> simple <input type="checkbox"/> complex
Delusions	0	1	2	3	Type of delusion: <input type="checkbox"/> persecutory <input type="checkbox"/> grandiose <input type="checkbox"/> somatic Nature: <input type="checkbox"/> poorly formed <input type="checkbox"/> systematized
Lability of affect	0	1	2	3	Type: <input type="checkbox"/> angry <input type="checkbox"/> anxious <input type="checkbox"/> dysphoric <input type="checkbox"/> elated <input type="checkbox"/> irritable
Language	0	1	2	3	<input type="checkbox"/> Check here if intubated, mute, etc.
Thought process	0	1	2	3	<input type="checkbox"/> Check here if intubated, mute, etc.
Motor agitation	0	1	2	3	<input type="checkbox"/> Check here if restrained <i>Type of restraints:</i>
Motor retardation	0	1	2	3	<input type="checkbox"/> Check here if restrained <i>Type of restraints:</i>
Orientation	0	1	2	3	Date: Place: Person:
Attention	0	1	2	3	
Short-term memory	0	1	2	3	Record # of trials for registration of items: <input type="checkbox"/> Check here if category cueing helped
Long-term memory	0	1	2	3	<input type="checkbox"/> Check here if category cueing helped
Visuospatial ability	0	1	2	3	<input type="checkbox"/> Check here if unable to use hands
Diagnostic Item	Item Score				Optional Information
Temporal onset of symptoms	0	1	2	3	<input type="checkbox"/> Check here if symptoms appeared on a background of other psychopathology
Fluctuation of symptom severity	0	1	2		<input type="checkbox"/> Check here if symptoms only appear during the night
Physical disorder	0	1	2		Implicated disorders: