

Family Confusion Assessment Method (FAM-CAM)

For Clinical and Research Uses

Evaluator:

Caregiver/Informant:

Date:

Patient:

Time:

[Screening for an appropriate caregiver is recommended: See Instructions]

Circle the answer to each question

These questions are intended to identify changes to [family member's name] thinking, concentration, and alertness during recent days. Please stop me at any time if you do not understand the questions.

1. I'd like you to think about the past [month/week/day]*. During this [month/week/day]*, have you noticed any changes in his/her thinking or concentration, such as being less attentive, appearing confused or disoriented (not knowing where he/she was), behaving inappropriately, or being extremely sleepy all day?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

* Adjust time frame as appropriate for your purposes

2. Did he/she have difficulty focusing attention, for example, being easily distracted or having trouble keeping track of what you were saying at any time?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

3. Was his/her speech disorganized, incoherent, rambling, unclear, or illogical at any time?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

4. Did he/she seem excessively drowsy or sleepy during the daytime at any time?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

5. Was he/she disoriented, for example, thinking he/she was somewhere other than where he/she was, or misjudging the time of day at any time?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

6. Did he/she seem to see or hear things which weren't actually present, or seem to mistake what he/she saw or heard for something else at any time?

| | | |
|-----|----|------------|
| Yes | No | Don't Know |
|-----|----|------------|

7. Did he/she behave inappropriately, such as wandering,

| | | |
|-----|----|-------|
| Yes | No | Don't |
|-----|----|-------|

yelling out, or being combative or agitated at any time?

Know

8. Please tell us more about the changes you noticed in any of the behaviors in #1-7 above.
Record as much detail as possible

9. Were any of the changes (#1-7) present all the time, or did they come and go from day to day?

All the time

Come and go

Don't know

10. When did these changes first begin? Would you say they began:

Within the last week

Between 1 and up to 2 weeks ago

Between 2 and up to 4 weeks ago

More than 4 weeks ago

11. Overall, have these changes been getting better, worse, or staying about the same?

Better

Worse

About the Same

Don't Know

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