Questionnaire:
Clinic

Clinics can play a critical role in a dementia-friendly community from identification of cognitive impairment and assessment to management of Alzheimer’s disease and dementia.

The information gathered in this questionnaire is part of the full Community Needs Assessment. Each question is cross-referenced to a corresponding question in the full assessment.

This interview can be completed by anyone on the action team, particularly someone with contacts in the health care sector.

Interviewing Clinics

1. Develop a list of all of the clinics in your community.
2. Prioritize and determine which clinics to contact.
3. Contact the administration office at each clinic to determine who would be appropriate to answer the questions for the clinic e.g., physicians, physician assistants, nurse practitioners, nurses, nurse aides, social workers, care coordinators.
4. Keep track of your data sources, including who you interview and their responses to the questions.
5. Create a code for each questionnaire, using the sector abbreviation and a number. For example, clinic questionnaires would be C1 for first interviewee, C2 for second, etc.
6. Use the Pre-Interview Email Template or Call Script to introduce yourself, the project and to schedule an interview.
7. Gather and familiarize yourself with the materials you will share at the interview: questionnaire, dementia-friendly community infographic, Know the 10 Signs, and Dementia-Friendly Health Care Setting guide.
8. Conduct the interviews.
9. After your interview, submit the completed questionnaire to the action team member coordinating the synthesis.
10. Send a thank you to the interviewee.

**Interviewer/Your Name Date of Interview**

**Community Member/Interviewee Interviewee Code: C**

**Name**

**Title**

**Address**

**Phone**

**Email**

Ask a sample of all clinic staff (e.g., physicians, physician assistants, nurse practitioners, nurses, social workers , care coordinators) in your community these questions.

Awareness

Question 1

Have you had personal experience with someone with dementia? \_\_\_ Yes \_\_\_ No

(Q1a in full assessment)

*Interviewer Tip: Share the dementia-friendly community infographic and describe the dementia- friendly efforts occurring in your community.*

Question 2

What do you see as our community’s main strengths for addressing the needs of people living with dementia and their families? (Q2 in full assessment)

Question 3

What do you see as our community’s main gaps for addressing the needs of people living with dementia and their families? (Q3 in full assessment)

Question 4

What resources and organizations would you suggest to individuals who may show signs of dementia? (Q4 in full assessment)

Question 5

This question asks about awareness of the resources and organizations that can help support people with dementia and their families. (Q5 in full assessment)

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently has adequate awareness of the resources and organizations available to support people with dementia and their families. | Indicate your level of agreement with this statement: Raising community awareness of the resources and organizations that can help support people with dementia and their families should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

*Interviewer Tip: Distribute education on Alzheimer’s disease and dementia; e.g., Know the 10 Signs. Share listing of the resources and organizations that can help support people with dementia and their families in your community.*

Question 6

Our community may have diverse and underserved populations that would benefit from having resources tailored for people with dementia and their families (meaning programs or services that meet the needs of diverse populations). (Question 8 in full assessment)

*Interviewer Tip: Share relevant community demographic information.*

|  |  |
| --- | --- |
|  **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently has adequate dementia-related resources tailored to our diverse and underserved populations. | Indicate your level of agreement with this statement: Increasing dementia-related resources tailored to our diverse and underserved populations should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Health Care: Cognitive Impairment, Assessment, Management

Question 7

Does your clinic use an objective tool to assess cognition with older patients? For example, Mini-cog, Montreal Cognitive Assessment (MoCA), St. Louis University Mental Status (SLUMS)

(Q21 in full assessment)

 \_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Clinics in our community adequately use objective tools to assess cognition with older patients.  | Indicate your level of agreement with this statement: Increased use of objective tools to assess cognition with older patients should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 8

When cognitive impairment is identified, does your clinic have a standard practice for further assessment (communicate or refer to primary care or another provider, do an in-clinic workup)? (Q22 in full assessment)

\_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
|  **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Clinics in our community have adequate standard practices for follow-up care when cognitive impairment is identified.  | Indicate your level of agreement with this statement: Increased use of standard follow- up care when cognitive impairment is identified should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 9

Does your clinic have an Electronic Medical Record Decision Support Tool for cognitive impairment/dementia (e.g. Smart Set for cognitive impairment/dementia)? (Q23 in full assessment)

\_\_\_ Yes \_\_\_ No

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Clinics currently have adequate use of electronic medical record decision support tools for cognitive impairment/dementia.  | Indicate your level of agreement with this statement: Increased use in clinics of electronic medical record decision support tools for cognitive impairment/dementia should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 10

Does your clinic train staff (e.g., medical assistants, physicians, physician assistants, nurse practitioners, nurses, care managers) on dementia care best practices? Indicate frequency for each training type. (Q25 in full assessment)

| **Training type** | **Indicate whether training is provided** |
| --- | --- |
|  | Never | At hire | Periodically  | Not applicable |
| Screening for cognitive impairment using objective tool e.g. Mini-Cog, MoCA, SLUMS |  |  |  |  |
| Provision of dementia workup according to guidelines e.g. AAN, ACT practice tool |  |  |  |  |
| Treatment and management of Alzheimer’s disease or other dementia |  |  |  |  |
| Supporting family caregivers |  |  |  |  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Clinic staff currently receive adequate training on dementia care best practices.  | Indicate your level of agreement with this statement: Increased training for clinic staff on dementia care best practices should be a priority for action in our community. |
| 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 11

Would you be interested in helping us to create a dementia-friendly community? (Q26 in full assessment, track in Master Contact List)

\_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Suggestions:

* Serve on the action team
* Public endorsement/testimonial
* Donate resources, i.e., meeting space, advertising, personnel, funds, etc.

Question 12

What other organizations/groups in our community should take part in creating a dementia-friendly community? (Q27 in full assessment, track in Master Contact List)

Question 13

Should I get in touch with you again to let you know how the project is progressing and how you can best help to ensure our community is becoming dementia friendly? (Q28 in full assessment, track in Master Contact List)

\_\_\_ Yes \_\_\_ No

Thank you for your time and support.