

Dementia Capable WI: Creating New Partnerships in Dementia Care

NTG-EDSD Pre-Training Survey

We are asking you to provide this information to help us comply with federal reporting requirements. Completing this form is in agreement with registration requirements. We also need it to help us analyze and evaluate programs that facilitate care and support for people with dementia. This information will be stored in a secure electronic database. We will not share your information with another agency without your permission. We will not sell this information to anyone. Thank you!

Tell us about yourself and your organization...

1. What is your professional role? _____
2. How many years have you worked in this role? _____
3. How many years have you worked in the field of aging / dementia? _____
4. How many years have you worked in the field of intellectual and developmental disabilities?

5. Please indicate the most appropriate category for your organization: **(Check ✓ all that apply.)**
 - Adult family home
 - Managed care organization
 - Community-based organization focused on older adults
 - Community-based organization focused on people with intellectual and developmental disabilities
 - Other _____
6. Are you Hispanic, Latino, or Spanish origin?
 - Yes
 - No
7. What is your race? **(Check ✓ all that apply.)**
 - American Indian or Alaska Native
 - Asian or Asian-American
 - Black or African-American
 - Hawaiian Native or Pacific Islander
 - Hispanic
 - White or Caucasian
 - Other: _____

8. What is your gender? _____

9. Please circle the highest year of school you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23+
 (primary) (middle/high school) (tech/college) (graduate school)

10. Does your organization: **(Check ✓ all that apply.)**

- Utilize the NTG-Early Detection Screen for Dementia (NTG-EDSD)?
 - If so, how confident are you with using the tool? Select one from the following:
 Not at all-0 A little bit-1 Quite a lot-2 Very much-3
- Conduct a formal screen to detect cognitive changes in clients with ID?
 - If so, what screening tool is used? _____
- Conduct an assessment of caregivers of people with cognitive impairment or dementia to determine their service needs?
- Have a standard procedure for providing referrals to people with dementia?
- Have a standard procedure for providing referrals to caregivers?
- Have a list of dementia-capable providers and organizations to which people with dementia and their caregivers are referred?
- Track referrals to determine if the person with dementia or their caregivers contact the organization they are referred to?

Thinking about your organization’s current documentation procedures, how well do you feel you can track the following health circumstances in ID clients?

Not at all A little bit Quite a lot Very much

	Not at all	A little bit	Quite a lot	Very much
1.) Intellectual disability	0	1	2	3
2.) Diagnosed intellectual conditions (ex. Autism, Down syndrome)	0	1	2	3
3.) Changes in physical health	0	1	2	3
4.) Changes in mental health	0	1	2	3
5.) Current health conditions (ex. Vision impairment, deafness, chronic health conditions)	0	1	2	3
6.) Current living arrangements	0	1	2	3
7.) Significant life events (ex. Death of someone close, change in living arrangements)	0	1	2	3
8.) Diagnostic history of mild cognitive impairment (MCI) or dementia	0	1	2	3
9.) Current medications	0	1	2	3

Thinking about your organization's current documentation procedures, how well do you feel you can track functional decline in the following characteristics in ID clients?

Not at all A little bit Quite a lot Very much

10.) Activities of Daily Living (ex. Washing, dressing, eating, using the bathroom)	0	1	2	3
11.) Language & Communication (ex. Conversation, reading, writing)	0	1	2	3
12.) Sleep-Wake Change patterns (ex. Sleeping more or less, waking / wandering at night)	0	1	2	3
13.) Ambulation (ex. Unsteady walk, falls, loses balance)	0	1	2	3
14.) Memory (ex. Recognition of familiar persons, finding their way in familiar settings)	0	1	2	3
15.) Behavior & Affect (ex. Withdrawal from social activities, repetitive behavior)	0	1	2	3
16.) Patients' self-reported problems (ex. Changes in abilities to do things, thinking, and interests)	0	1	2	3
17.) Significant changes observed by others (ex. Gait, personality, attentiveness, weight)	0	1	2	3

(For participants that used the NTG-EDSD tool before) Please provide your experience with using the tool:

Strongly Disagree Disagree Neutral Agree Strongly Agree

1.) The questions allow an accurate representation of the person	0	1	2	3	4
2.) The response format allows an accurate representation of the person	0	1	2	3	4
3.) I have sufficient experience with persons with I/DD to complete questionnaire	0	1	2	3	4
4.) I have sufficient information about the person with I/DD to complete questionnaire	0	1	2	3	4
5.) I have sufficient medical knowledge to complete questionnaire	0	1	2	3	4
6.) The effort needed to complete questionnaire is adequate	0	1	2	3	4
7.) Questions violate privacy	0	1	2	3	4
8.) Questions are comprehensible	0	1	2	3	4
9.) Instruction for using the tool is comprehensible	0	1	2	3	4
10.) Instruction for using the tool is sufficient	0	1	2	3	4
11.) Questions are unambiguous	0	1	2	3	4
12.) Layout is suitable	0	1	2	3	4
13.) Tool is complicated	0	1	2	3	4

(For participants that used the NTG-EDSD tool before) Please provide your experience with using the tool:

Strongly Disagree Disagree Neutral Agree Strongly Agree

14.) Amount of time needed for completion is adequate	0	1	2	3	4
15.) Amount of time needed for reading instruction is adequate	0	1	2	3	4
16.) Using the questionnaire for periodic reassessments would be realizable	0	1	2	3	4
17.) Aspects are missing	0	1	2	3	4
18.) There are unnecessary aspects	0	1	2	3	4
19.) The purpose of the questionnaire is clear	0	1	2	3	4
20.) The significance of the questions in relation to the purpose is clear	0	1	2	3	4
21.) Using the questionnaire for periodic reassessments would be meaningful	0	1	2	3	4