Dementia Capable WI: Creating New Partnerships in Dementia Care

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NTG-EDSD Week 1 Post Training Phone Survey

Hello, I am _____ calling on behalf of the Wisconsin Alzheimer's Institute. I am following up from the education session on dementia in persons with intellectual and developmental disabilities and the NTG-EDSD tool. I would like to discuss how implementing the NTG-EDSD tool into your practice is going. The information you provide will be confidential. We will not share your information with another agency without your permission. We will not sell this information to anyone.

The discussion will take no more than 10 minutes. Do you have time to talk now?   If not, when would be a better time to talk this week?

_____

Since the NTG-EDSD training:
How many times have you used the NTG-EDSD tool with clients with intellectual disabilities? _____ (If the participant has not used the NTG-EDSD tool, proceed to next page.)

If you do not work directly with clients, how many times have you assisted a team member with the NTG-EDSD tool? _____ (If the participant has not used the NTG-EDSD tool, proceed to next page.)

For participants who have used the NTG-EDSD tool:
Approximately how much time was needed to complete the tool? _____

What information sources did you use to complete the tool (client file, client, caregivers, etc.)?
_____

Briefly describe your experience in using the tool, including advantages, barriers, ease of use:
_____
_____

How comfortable do you feel with using the tool?
_____

How do you plan to continue using the tool?
_____
_____

In your role, do you feel using the NTG-EDSD on a routine basis is useful?

If yes, how is it useful?_____

If no, what makes it not useful?_____

If no, what would make it useful?

_____

In your organization, do you feel using the NTG-EDSD on a routine basis is possible?

If yes, how is it possible? _____

If no, what makes it not possible?

_____

If no, what would make it possible?

_____

Go to All Participants section.

For participants that have not used to NTG-EDSD tool:
What has prevented you from using the NTG EDSD tool?

_____
_____
_____

How do you plan to use the tool in your role? _____

_____
_____
_____

What advantages and barriers do you anticipate in using the tool, including ease of use?

_____
_____
_____

How comfortable do you feel with using the tool?

_____

In your role, do you feel using the NTG-EDSD on a routine basis will be useful?
If yes, how will it be useful?

_____

If no, what makes it not useful?

_____

If no, what would make it useful?

_____

In your organization, do you feel using the NTG-EDSD on a routine basis will be possible?
If yes, how will it be possible?

_____

If no, what makes it not possible?

_____

If no, what would make it possible?

_____

For all participants:

Additional comments:

_____
_____
_____
_____

What questions do you have?

Thank you for your time! We will follow up on your progress in a month when the next evaluation survey will be sent to you. If you have questions about use of the tool in the meantime, please contact:

Name: _____

Phone: _____ or Email:_____

Date:_____Time:_____