Questionnaire:
Residential Setting

Residential settings support a dementia-friendly community. They include living options such as independent living communities, assisted living residences, and nursing homes tailored to people with 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 health care and long-term care.

Interviewing Residential Settings

1. Develop a list of the organizations/providers offering the following living options in your community: independent living communities, assisted living residences, and nursing homes.
2. Prioritize and determine which organizations to contact.
3. Identify the appropriate contact(s) in these organizations.
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, residential setting questionnaires would be RS1 for first interviewee, RS2 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 necessary materials for the interview: questionnaire, dementia-friendly community infographic, and Know the 10 Signs.
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: RS**

**Name**

**Title**

**Address**

**Phone**

**Email**

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

This question asks about your level of knowledge of the warning signs of dementia.

10 warning signs: 1) Memory loss that disrupts daily life. 2) Challenges in planning or solving problems. 3) Difficulty completing familiar tasks at home, at work or at leisure. 4) Confusion with time or place. 5) Trouble understanding visual images and spatial relationships. 6) New problems with words in speaking or writing. 7) Misplacing things and losing the ability to retrace steps. 8) Decreased or poor judgment. 9) Withdrawal from work or social activities. 10) Changes in mood and personality. (Q6 in full assessment)

|  |  |
| --- | --- |
| **Level of Dementia Knowledge** | **Priority for Action** |
| Indicate your level of knowledge of the 10 warning signs of dementia. | Indicate your level of agreement with this statement: Increasing our community members’ knowledge about the warning signs of dementia should be a priority for action in our community. |
| 1. Very low 2. Low 3. Moderate 4. High 5. Very high0. Do not know | 1. Strongly disagree 2. Disagree 3. Neither agree or disagree 4. Agree 5. Strongly agree0. Do not know |

Question 7

This question asks about your skills for interacting with people who have dementia. (Skills for interacting with people with dementia include knowing when to repeat information or suggesting a family member should participate in conversations.) (Q7 in full assessment)

|  |  |
| --- | --- |
| **Level of Interaction Skills**  | **Priority for Action** |
| Indicate your level of agreement with this statement: I have good skills for interacting with people with dementia. | Indicate your level of agreement with this statement: Increasing our community members’ skills for interacting with people with 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 8

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 |

Residential Settings

Question 9

Which types of living options does your organization have in our community? Are they tailored for people with dementia (e.g., memory care)? (Q18 in full assessment)

|  |  |
| --- | --- |
| **Living options – Check all that apply** | **Tailored to Dementia** |
| \_\_\_ Independent living communities | \_\_\_ Yes \_\_\_ No |
| \_\_\_ Assisted living residences | \_\_\_ Yes \_\_\_ No |
| \_\_\_ Nursing homes  | \_\_\_ Yes \_\_\_ No |
| \_\_\_ Other (please specify) | \_\_\_ Yes \_\_\_ No |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community currently provides adequate living options for people with dementia. | Indicate your level of agreement with this statement: Increasing the level of living options for people with 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 |

Health Care: Staff Training

Question 10

Does your residential setting train its direct care staff (e.g., nurses, nurse aides, home health aides, and personal- and home-care aides) on dementia? Indicate frequency for each training topic. (Q24 in full assessment)

| **Training topic** | **Indicate whether training is provided** |
| --- | --- |
|  | Never | At hire | Periodically  | Not applicable |
| Identification of Dementia |  |  |  |  |
| Behavior as Communication |  |  |  |  |
| End of Life Care |  |  |  |  |
| Individual Resident Needs |  |  |  |  |
| Medications |  |  |  |  |
| Supporting Family Caregivers |  |  |  |  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Residential setting direct care staff currently receive adequate training on dementia.  | Indicate your level of agreement with this statement: Increased training for residential setting direct care staff on 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 11

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

Suggestions:

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

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.