Questionnaire:  
Community Services and Supports

Community services and support providers play a critical role in a dementia-friendly community, offering wellness programs, meaningful engagement activities, and services that support independence at home.

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 community services and supports.

Interviewing Community Services and Support Providers

1. Develop a list of all of the community services and support providers in your community. Some examples include wellness programs (e.g., fitness centers, YMCA/YWCA), meaningful engagement programs/activities (e.g., creative arts, music, group programs), services that support independence at home (e.g., chore, home safety, meal delivery), senior centers, community health workers.
2. Prioritize and determine which agencies/providers 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, community services and support provider questionnaires would be CS1 for the first interviewee, CS2 for the second, etc.
6. Use the Pre-Interview Email Template or Call Script to introduce yourself and 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, 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: CS**

**Name**

**Title**

**Address**

**Phone**

**Email**

**Awareness**

Question 1

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

(Q1a in full assessment)

Question 2

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

(Q1b in full assessment)

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

Question 3

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 4

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 5

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

Question 6

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 agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. 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 7

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 high  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Question 8

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 agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Question 9

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 agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Question 10

Does your organization provide its employees/volunteers/staff with education and training about recognizing dementia and effective dementia-friendly communication skills?   
(Question 9 in full assessment)

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

If yes, list the trainings and briefly describe (title, content).

|  |
| --- |
| **Inventory of education and trainings offered (title, content)** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our organization currently provides our employees/volunteers/staff with education and training on recognizing dementia and effective dementia-friendly communication skills. | Indicate your level of agreement with this statement: Increased education and training on dementia and effective dementia-friendly communication skills should be a priority for action in our community. |
| 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Wellness Programs

Question 11

Which of the following wellness programs, tailored to people with dementia who live outside a formal care setting, does your organization currently provide in our community? (Q15 in full assessment)

|  |  |  |
| --- | --- | --- |
| **Programs tailored to people with dementia** | **Currently available** | **Which organization(s) provide  these programs?** |
| Social engagement through telephone or visiting volunteers/companions | \_\_\_ Yes \_\_\_ No |  |
| Physical activity programs | \_\_\_ Yes \_\_\_ No |  |
| Tai Chi, Yoga | \_\_\_ Yes \_\_\_ No |  |
| Other (please specify) | \_\_\_ Yes \_\_\_ No |  |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community has an adequate level of wellness programs tailored to people with dementia who live outside a formal care setting. | Indicate your level of agreement with this statement: Increasing the level of wellness programs tailored to people with dementia who live outside a formal care setting should be a priority for action in our community. |
| 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Meaningful Engagement Activities

Question 12

Which of the following meaningful engagement activities, tailored to people with dementia who live outside a formal care setting, does your organization currently offer in our community?

(Q16 in full assessment)

|  |  |
| --- | --- |
| **Activities tailored to people with dementia** | **Currently available** |
| Adult day programs | \_\_\_ Yes \_\_\_ No |
| Creative arts programs (e.g., art or music) | \_\_\_ Yes \_\_\_ No |
| Intergenerational connections | \_\_\_ Yes \_\_\_ No |
| Outings/group activity programs | \_\_\_ Yes \_\_\_ No |
| Other (please specify) | \_\_\_ Yes \_\_\_ No |

|  |  |
| --- | --- |
| **Level of Current Activity** | **Priority for Action** |
| Indicate your level of agreement with this statement: Our community has an adequate level of meaningful engagement activities tailored to people with dementia who live outside a formal care setting. | Indicate your level of agreement with this statement: Increasing the level of meaningful engagement activities tailored to people with dementia who live outside a formal care setting should be a priority for action in our community. |
| 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Independence at Home Services

Question 13

The following services assist people with dementia to remain independent in their homes. Which ones does your organization currently provide our community? (Q17 in full assessment)

|  |  |
| --- | --- |
| **Services that help people with dementia remain independent at home** | **Currently provide** |
| Care managers/care coordinators | \_\_\_ Yes \_\_\_ No |
| Chore services (e.g., laundry, lawn mowing) | \_\_\_ Yes \_\_\_ No |
| Home safety assessment/fall prevention | \_\_\_ Yes \_\_\_ No |
| Grocery/pharmacy delivery | \_\_\_ Yes \_\_\_ No |
| Meal delivery (e.g., Meals on Wheels) | \_\_\_ Yes \_\_\_ No |
| Medication management | \_\_\_ Yes \_\_\_ No |
| Occupational, physical or speech therapy | \_\_\_ Yes \_\_\_ No |
| Personal care assistant/home health aide | \_\_\_ Yes \_\_\_ No |
| Safety programs/devices for remote location monitoring (e.g., Comfort Zone, Lifeline, MedicAlert + Safe Return, Project Lifesaver) | \_\_\_ Yes \_\_\_ No |
| Transportation | \_\_\_ 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 an adequate level of services to help people with dementia remain independent in their homes. | Indicate your level of agreement with this statement: Increasing the level of services to help people with dementia remain independent in their homes should be a priority for action in our community. |
| 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know | 1. Strongly disagree  2. Disagree  3. Neither agree or disagree  4. Agree  5. Strongly agree  0. Do not know |

Question 14

Would you be interested in helping us 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, e.g., meeting space, advertising, personnel, funds, etc.
* Other:

Question 15

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 16

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.