Project name: The right to rehabilitation for people with dementia

Survey 1: Dementia rehabilitation and community of practice survey

You are invited to participate in this survey. The aim of this survey is to understand the knowledge and confidence of health professionals towards reablement and rehabilitation treatments for people with dementia.

This is the first survey of three surveys. You will complete the second survey inside the dementia rehabilitation e-module and the third survey in 12 months' time. You will need to enter the same email address that you used to receive this survey in order to receive the third survey. You will also be asked to write your name in the survey so that we can evaluate the community of practice. Once we have linked survey responses, we will de-identify your name before analysing the results.

Before you begin the survey, we need to ask for consent that you are willing to take part in the survey and that you understand why you have been invited to participate. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

O Yes. Continue with the survey

O No. This will end the survey.

Start of survey:

Some questions about yourself

Q2. Please enter the same email address where you received this survey.

Q3. What is your name?

Q4. What is your age (in years)?

Q5. What is your gender?

O Male

O Female

O Non-binary / gender diverse

O My gender identity isn't listed. I identify as:

O Prefer not to say

Q6. What is your profession?

O Nurse

- O Physiotherapist
- O Occupational therapist
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O Speech pathologist
O Psychologist
O Exercise physiologist
O Dietician
O Social worker
O Other, please state:
Q7. How many years have you practised in your profession?
Q8. My primary workplace is a:
O GP medical centre
O Private business/practice
O Outpatient clinic e.g., cognitive disorders and memory service / geriatric clinic
O Community health centre
O Community rehabilitation centre
O Outreach service
O Other. Please state
Q9. What is the postcode of your primary work place?

Q10. In the last 12 months, what is the average number of hours per week you have worked in your profession?

Q11. Have you ever undertaken specific post-graduate training in dementia?

O Yes. Please state the training_____

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O No

Some questions about your practice and your workplace practice

Q12. How many people with dementia have you treated in the last 12 months?

O None

O 1-5

O 6-10

O 11-15

O 16-20

O More than 20, please estimate how many?_____

Q13. Have you referred people with dementia to other allied health professionals in the past 12 months?

O Yes. Please estimate how many?_____

O No Skip to Q15

Q14. Which allied health professionals have you referred people with dementia to in the past 12 months (Multiple choices allowed)?

□ Physiotherapy

- □ Occupational Therapy
- □ Speech Pathologist
- \square Psychology
- \square Exercise physiology
- \square Social Work
- □ Dietician

Other, Please state ______

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Some questions about your attitudes and confidence toward dementia

Q15. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias."

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ADRD.	1	2	3	4	5	6	7
2. I am afraid of people with ADRD	1	2	3	4	5	6	7
3. People with ADRD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ADRD	1	2	3	4	5	6	7
5. I am comfortable touching people with ADRD.	1	2	3	4	5	6	7
6. I feel uncomfortable being around people with ADRD.	1	2	3	4	5	6	7
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past	1	2	3	4	5	6	7

histomrof							
history of							
people with ADRD.							
12. It is	1	2	3	4	5	6	7
	1	2	5	4	5	0	/
possible to							
enjoy							
interacting							
with people							
with ADRD.	1		2		-	6	-
13. I feel	1	2	3	4	5	6	7
relaxed around							
people with							
ADRD.	1	-	2	4	~	6	7
14. People	1	2	3	4	5	6	7
with ADRD							
can enjoy life.	1	1			~	-	_
15. People	1	2	3	4	5	6	7
with ADRD							
can feel when							
others are kind							
to them	1		2		-		-
16. I feel	1	2	3	4	5	6	7
frustrated							
because I do							
not know how							
to help people							
with ADRD.	1		2		-	6	-
17. I cannot	1	2	3	4	5	6	7
imagine taking							
care of							
someone with							
ADRD.	1	-	2	4	~	6	7
18. I admire	1	2	3	4	5	6	7
the coping							
skills of people							
with ADRD.	1	2	2	4	5	6	7
19. We can do	1	2	3	4	5	6	7
a lot now to							
improve the							
lives of people with ADRD.							
20. Difficult	1	2	3	4	5	6	7
	1	2	3	4	5	0	/
behaviors may be a form of							
communication							
for people with							
ADRD.	I			L			

Some questions about your knowledge of dementia

Q16. Please circle true or false according to each statement about dementi	ia.

Q10. Please circle true of faise acc	cording to each statement about de	ementia.
Most forms of dementia do not	True	False
generally shorten a person's		
life		
Blood vessel disease (vascular	True	False
dementia) is the most		
common form of dementia		
People can recover from the	True	False
most common forms of	True	
dementia		
Dementia is a normal part of	True	False
the ageing process	True	Taise
Dementia does not result from	True	False
	True	Faise
physical changes in the brain	True	False
Planning for end of life care is	True	False
generally not necessary		
following a diagnosis of		
dementia	Trace	Ealaa
Alzheimer's disease is the most	True	False
common form of dementia	There	E-1
It is impossible to	True	False
communicate with a person		
who has advanced dementia		
It is important to correct a	True	False
person with dementia when		
they are confused		
People experiencing advanced	True	False
dementia often communicate		
through body language		
Uncharacteristic behaviours in	True	False
a person experiencing		
dementia are generally a		
response to unmet needs		
Medications are the most	True	False
effective way of treating		
behavioural symptoms of		
dementia		
People experiencing dementia	True	False
do not generally have problems		
making decisions		
Movement is generally	True	False
affected in the later stages of		
dementia		
Difficulty eating and drinking	True	False
generally occurs in the later		
stages of dementia		
People with advanced	True	False
dementia may have difficulty		
speaking		
People experiencing dementia	True	False
often have difficulty learning		
new skills		
new brind		1

Daily care for a person with advanced dementia is effective when it focuses on providing comfort	True	False
Having high blood pressure increases a person's risk of developing dementia	True	False
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	True	False
Symptoms of depression can be mistaken for symptoms of dementia	True	False
The sudden onset of cognitive problems is characteristic of common forms of dementia	True	False
Exercise is generally beneficial for people experiencing dementia	True	False
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	True	False

Some questions about your dementia rehabilitation knowledge and confidence

Q17. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q18. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q19. How confident are you that you know about the roles of other allied health professionals (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide any comments _____

Q20. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

I 2 3 4 5 Rehabilitation is aimed at improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a stroke or a hip fracture Improving function in people only after a specific acute event like a person with dementia is having difficulty with an activity, support should be organised to do it all for them. Improving function in people organised to do it all for them. Interventions should support the person with dementia to continue activities that are meaningful to them Improving function and decline in people with dementia Exercise can improve physical function and mobility in people with dementia Improve physical furction and mobility in people with dementia The only role of occupational therapy for people with dementia to remain mentally and socially active Improve physical furction activities in the mild to moderate stages of dementia A combination of exercise and home hazard modifications can reduce risk of falls in people with dementia Improve prove function al furction a manage swallowing difficulties Psychologists can help people with dementia Improve prove function and proving the constrating the people with dementia Improve prove fu		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
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like a stroke or a hip fracture People with dementia are unable to engage in rehabilitation Allied health professionals can help reduce carer partner stress Nothing can be done to keep people with dementia engaged in meaningful activities If a person with dementia is having difficulty with an activity, support should be organised to do it all for them. Interventions should support the person with dementia to continue activities that are meaningful to them Exercise may slow cognitive decline in people with dementia Exercise can improve physical function and mobility in people with dementia to remain mentally and socially active Memory and cognitive strategies can support functional activities It's important for people with dementia	improving function in people					
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pathologist in dementia is to manage swallowing difficulties Psychologists can help people			1			1
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Psychologists can help people						
			1	1		1
	with dementia manage grief					
associated with a diagnosis						

Cognitive rehabilitation can improve activities of daily living for people with dementia			
Communication practice, aides			
and strategies can help support			
communication for people with			
dementia and their care partners			

The following questions relate to the professionals in this study and your professional relationship with them

Q21. Please use the table that accompanies each question when responding to each question. When filling in this table, please:

- Provide a response against all names in the table.
- Select the 'self' option against your own name.
- a) Do you know the following people? Knowing each other is defined as 'knowing the face, having talked to each with other, or having heard of.'

	Self	No	Yes (know the face or have heard of)	Yes (have talked to/corresponded with)
Name 1				
Name 2				
Name 3				

b) Have you had professional contact with the following people in relation to a person with dementia? Professional contact is defined as 'having had professional contact about at least one person with **dementia** who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding one person with dementia)	Yes (regarding more than one person with dementia)
Name 1				
Name 2				
Name 3				

c) Have you had professional contact with the following people. Professional contact is defined as 'having had professional contact about at least one patient/client (any condition not just dementia) who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding one person with any condition, not just dementia)	Yes (regarding more than one person with any condition, not just dementia)
Name 1				
Name 2				
Name 3				

Q22. What are you hoping to gain by participating in the Community of Practice? (more than one response allowed)

- □ Develop multi-disciplinary relationships with other professionals
- □ Access to experienced clinicians and experts
- □ Facilitates knowledge exchange between members
- □ Access professional training opportunities
- □ Reduce sense of professional isolation
- □ Other. Please state_____

Q23. Are there any other comments you would like to make?

End of survey. Thank you!

V1-AHP survey number 1 (e-module and CoP) 18.05.2023

Project name: The right to rehabilitation for people with dementia

Survey 2: Dementia rehabilitation survey

You are invited to participate in this survey. The aim of this survey is to understand your knowledge, and confidence towards reablement and rehabilitation treatments for people with dementia after completing the dementia rehabilitation e-module.

You will need to enter the same email address that you used when you received the first survey and your name so that we can link your responses. Once we have linked survey responses, we will de-identify your name and the email addresses before analysing the results.

Before you begin the survey, we need to ask for your consent that you are willing to take part in the survey. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

O Yes. Continue with the survey

O No. This will end the survey.

Start of survey:

Some questions about yourself

Q2. Please enter the same email address where you received the FIRST survey.

Q3. What is your name?

Some questions about your attitudes and confidence toward dementia

Q4. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias."

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ADRD.	1	2	3	4	5	6	7
2. I am afraid of people with ADRD	1	2	3	4	5	6	7
3. People with ADRD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ADRD	1	2	3	4	5	6	7
5. I am comfortable touching	1	2	3	4	5	6	7

people with ADRD.							
6. I feel uncomfortable being around people with ADRD.	1	2	3	4	5	6	7
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past history of people with ADRD.	1	2	3	4	5	6	7
12. It is possible to enjoy interacting with people with ADRD.	1	2	3	4	5	6	7
13. I feel relaxed around people with ADRD.	1	2	3	4	5	6	7
14. People with ADRD can enjoy life.	1	2	3	4	5	6	7
15. People with ADRD can feel when others are kind to them	1	2	3	4	5	6	7
16. I feel frustrated because I do not know how to help people with ADRD.	1	2	3	4	5	6	7

17. I cannot	1	2	3	4	5	6	7
imagine taking							
care of							
someone with							
ADRD.							
18. I admire	1	2	3	4	5	6	7
the coping							
skills of people							
with ADRD.							
19. We can do	1	2	3	4	5	6	7
a lot now to							
improve the							
lives of people							
with ADRD.							
20. Difficult	1	2	3	4	5	6	7
behaviors may							
be a form of							
communication							
for people with							
ADRD.							

Some questions about your knowledge of dementia

Q5. Please circle true or false according to each statement about dementia.

Most forms of dementia do not	True	False
generally shorten a person's		
life		
Blood vessel disease (vascular	True	False
dementia) is the most		
common form of dementia		
People can recover from the	True	False
most common forms of		
dementia		
Dementia is a normal part of	True	False
the ageing process		
Dementia does not result from	True	False
physical changes in the brain		
Planning for end of life care is	True	False
generally not necessary		
following a diagnosis of		
dementia		
Alzheimer's disease is the most	True	False
common form of dementia		
It is impossible to	True	False
communicate with a person		
who has advanced dementia		
It is important to correct a	True	False
person with dementia when		
they are confused		
People experiencing advanced	True	False
dementia often communicate		
through body language		

XX 1		
Uncharacteristic behaviours in	True	False
a person experiencing		
dementia are generally a		
response to unmet needs		
Medications are the most	True	False
effective way of treating		
behavioural symptoms of		
dementia		
People experiencing dementia	True	False
do not generally have problems	1100	
making decisions		
	True	False
Movement is generally	1100	гаіве
affected in the later stages of		
dementia		
Difficulty eating and drinking	True	False
generally occurs in the later		
stages of dementia		
People with advanced	True	False
dementia may have difficulty		
speaking		
People experiencing dementia	True	False
often have difficulty learning		
new skills		
Daily care for a person with	True	False
advanced dementia is effective		
when it focuses on providing		
comfort		
Having high blood pressure	True	False
increases a person's risk of		
developing dementia		
	True	False
Maintaining a healthy lifestyle	1100	гаіве
does not reduce the risk of		
developing the most common		
forms of dementia		
Symptoms of depression can	True	False
be mistaken for symptoms of		
dementia		
The sudden onset of cognitive	True	False
problems is characteristic of		
common forms of dementia		
Exercise is generally beneficial	True	False
for people experiencing		
dementia		
Early diagnosis of dementia	True	False
does not generally improve		
quality of life for people		
experiencing the condition		
experiencing the condition		

Some questions about your dementia rehabilitation knowledge and confidence

Q6. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q7. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q8. How well do you know about the roles of other allied health therapists (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide any comments here_____

Q9. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

	Strongly	Disagree	Neither agree	Agree	Strongly
	disagree	2	or disagree	4	agree 5
Datatilitation in sime 1 at	1	2	3	4	5
Rehabilitation is aimed at					
improving function in people					
only after a specific acute event					
like a stroke or a hip fracture					
People with dementia are unable					
to engage in rehabilitation					
Allied health professionals can					
help reduce carer partner stress					
Nothing can be done to keep					
people with dementia engaged					
in meaningful activities					
If a person with dementia is					
having difficulty with an					
activity, support should be					
organised to do it all for them.					
Interventions should support the					
person with dementia to					
continue activities that are					
meaningful to them					
Exercise may slow cognitive					
decline in people with dementia					
Exercise can improve physical					
function and mobility in people					
with dementia					
The only role of occupational					
therapy for people with					

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dementia is home safety and			
driving assessments			
It's important for people with			
dementia to remain mentally and			
socially active			
Memory and cognitive strategies			
can support functional activities			
in the mild to moderate stages of			
dementia			
A combination of exercise and			
home hazard modifications can			
reduce risk of falls in people			
with dementia			
The only role of a speech			
pathologist in dementia is to			
manage swallowing difficulties			
Psychologists can help people			
with dementia manage grief			
associated with a diagnosis			
Cognitive rehabilitation can			
improve activities of daily living			
for people with dementia			
Communication practice, aides			
and strategies can help support			
communication for people with			
dementia and their care partners			

Q10 We would like to evaluate your satisfaction with the e-module. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
Please rate your overall					
satisfaction with the e-module					
The language was at the right					
level					
The module was of high quality					
I understood the content					
There was too much material in					
the course					
There was too little material in					
the course					
My overall understanding of					
dementia rehabilitation has					
improved					
After taking this module I feel					
more confident in referring					
people with dementia to other					
allied health professionals for					
dementia rehabilitation					
After taking this module I feel					
more confident in providing					
therapy to people living with					
dementia					
The information in this course					
will help improve care for					
people living with dementia and					
their care partners					
I would like to learn more about					
dementia rehabilitation					
I would recommend the course					
to others					

Q11 What aspects of the course kept you engaged? (Multiple choices allowed)

□ Course material

 \square Videos

 $\hfill\square$ Discussion board

□ Other, please describe_____

Q12 Is there anything else that you like to learn about dementia rehabilitation?

Q13 Please provide any further feedback

End of survey. Thank you!

Project name: The right to rehabilitation for people with dementia

Survey 3: Dementia rehabilitation knowledge and community of practice evaluation survey

You are invited to participate in this survey. This is the third survey in which we will evaluate the 12-month study outcomes. We will need your name to understand the change in community of practice relationships as one of the outcomes. Once we have linked survey responses, we will de-identify your name before analysing the results.

Before you begin the survey, we need to ask for your consent that you are willing to take part in the survey. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

O Yes. Continue with the survey

O No. This will end the survey.

Start of survey:

Some questions about yourself

Q2. What is your name?

Q3. Have you change jobs since you completed the first survey 12 months ago?

O Yes.

O No. Skip to Q6.

- Q4. My new primary workplace is a:
- O GP medical centre
- O Private business/practice
- O Outpatient clinics e.g., cognitive disorders and memory service / geriatric clinic
- O Community health centre
- O Community rehabilitation centre
- O Outreach service

O Other. Please state_____

Q5. What is the new postcode of your primary work place?

Q6. In the last 12 months, what is the average number of hours per week you have worked in your profession?

Q7. Have you undertaken specific post-graduate training in dementia in the last 12 months (this excludes any training delivered as part of this project)?

O Yes. Please state the training ______

O No

Some questions about your practice

Q8. How many people with dementia have you treated in the last 12 months?

O None

O 1-5

O 6-10

O 11-15

O 16-20

O More than 20, please estimate how many?_____

Q9. Have you referred people with dementia to other allied health professionals in the past 12 months?

O Yes. Please estimate how many?_____

O No Skip to Q11

Q10. Which allied health professionals have you referred people with dementia to in the past 12 months (Multiple choices allowed)?

- □ Physiotherapy
- □ Exercise physiology
- □ Social worker
- Occupational Therapy
- □ Speech Pathologist
- □ Psychology
- Dietician
- Other, Please state

Some questions about your attitudes and confidence toward dementia

Q11. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym "ADRD" in each question stands for "Alzheimer's disease and related dementias."

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ADRD.	1	2	3	4	5	6	7
2. I am afraid of people with ADRD	1	2	3	4	5	6	7
3. People with ADRD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ADRD	1	2	3	4	5	6	7
5. I am comfortable touching people with ADRD.	1	2	3	4	5	6	7
6. I feel uncomfortable	1	2	3	4	5	6	7

being around people with ADRD.							
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past history of people with ADRD.	1	2	3	4	5	6	7
12. It is possible to enjoy interacting with people with ADRD.	1	2	3	4	5	6	7
13. I feel relaxed around people with ADRD.	1	2	3	4	5	6	7
14. People with ADRD can enjoy life.	1	2	3	4	5	6	7
15. People with ADRD can feel when others are kind to them	1	2	3	4	5	6	7
16. I feel frustrated because I do not know how to help people with ADRD.	1	2	3	4	5	6	7
17. I cannot imagine taking care of someone with ADRD.	1	2	3	4	5	6	7

18. I admire the coping skills of people with ADRD.	1	2	3	4	5	6	7
19. We can do a lot now to improve the lives of people with ADRD.	1	2	3	4	5	6	7
20. Difficult behaviors may be a form of communication for people with ADRD.	1	2	3	4	5	6	7

Some questions about your knowledge of dementia

Q12. Please circle true or false according to each statement about dementia.

Most forms of dementia do not generally shorten a person's life	True	False
Blood vessel disease (vascular dementia) is the most common form of dementia	True	False
People can recover from the most common forms of dementia	True	False
Dementia is a normal part of the ageing process	True	False
Dementia does not result from physical changes in the brain	True	False
Planning for end of life care is generally not necessary following a diagnosis of dementia	True	False
Alzheimer's disease is the most common form of dementia	True	False
It is impossible to communicate with a person who has advanced dementia	True	False
It is important to correct a person with dementia when they are confused	True	False
People experiencing advanced dementia often communicate through body language	True	False
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	True	False
Medications are the most effective way of treating	True	False

hehevievel symptoms of		
behavioural symptoms of dementia		
	Trees a	D-1
People experiencing dementia	True	False
do not generally have problems		
making decisions		
Movement is generally	True	False
affected in the later stages of		
dementia		
Difficulty eating and drinking	True	False
generally occurs in the later		
stages of dementia		
People with advanced	True	False
dementia may have difficulty		
speaking		
People experiencing dementia	True	False
often have difficulty learning		
new skills		
Daily care for a person with	True	False
advanced dementia is effective		
when it focuses on providing		
comfort		
Having high blood pressure	True	False
increases a person's risk of	1100	1 uise
developing dementia		
Maintaining a healthy lifestyle	True	False
does not reduce the risk of	The	1 dise
developing the most common		
forms of dementia		
Symptoms of depression can	True	False
	The	Faise
be mistaken for symptoms of		
dementia	There a	E-1
The sudden onset of cognitive	True	False
problems is characteristic of		
common forms of dementia		
Exercise is generally beneficial	True	False
for people experiencing		
dementia		
Early diagnosis of dementia	True	False
does not generally improve		
quality of life for people		
experiencing the condition		

Some questions about your dementia rehabilitation knowledge and confidence

Q13. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q14. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q15. How well do you know about the roles of other allied health therapists (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide comments here

Q16. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

	Strongly	Disagree	Neither agree	Agree	Strongly
	disagree		or disagree		agree
	1	2	3	4	5
Rehabilitation is aimed at					
improving function in people					
only after a specific acute event					
like a stroke or a hip fracture					
People with dementia are unable					
to engage in rehabilitation					
Allied health professionals can					
help reduce carer partner stress					
Nothing can be done to keep					
people with dementia engaged					
in meaningful activities					
If a person with dementia is					
having difficulty with an					
activity, support should be					
organised to do it all for them.					
Interventions should support the					
person with dementia to					
continue activities that are					
meaningful to them					
Exercise may slow cognitive					
decline in people with dementia					
Exercise can improve physical					
function and mobility in people					
with dementia					
The only role of occupational					
therapy for people with					
dementia is home safety and					
driving assessments					
It's important for people with					
dementia to remain mentally and					
socially active					
Memory and cognitive strategies					
can support functional activities					
in the mild to moderate stages of					
dementia					

A combination of exercise and	
home hazard modifications can	
reduce risk of falls in people	
with dementia	
The only role of a speech	
pathologist in dementia is to	
manage swallowing difficulties	
Psychologists can help people	
with dementia manage grief	
associated with a diagnosis	
Cognitive rehabilitation can	
improve activities of daily living	
for people with dementia	
Communication practice, aides	
and strategies can help support	
communication for people with	
dementia and their care partners	

The following questions relate to the Community of Practice

Q17. Please use the table that accompanies each question. When filling in this table, please:

- Provide a response against all names in the table.
- Select the 'self' option against your own name.
- a) Do you know the following people? Knowing each other is defined as 'knowing the face, having talked to each with other, or having heard of.'

	Self	No	Yes (know the face or have heard of)	Yes (have talked to/corresponded with)
Name 1				
Name 2				
Name 3				

b) Have you had professional contact with the following people in relation to a person with dementia? Professional contact is defined as 'having had professional contact about at least one patient/client with **dementia** who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

Self	No	Yes	Yes (regarding
		(regarding	more than one

		one person with dementia)	person with dementia)
Name 1			
Name 2			
Name 3			

c) Have you had professional contact with the following people. Professional contact is defined as 'having had professional contact about at least one patient/client (any condition not just dementia) who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding one person with any condition, not just dementia)	Yes (regarding more than one person with any condition, not just dementia)
Name 1				
Name 2				
Name 3				

Q18. How satisfied were you with the Community of Practice (scale of 0-10, 0=not at all satisfied, 10= completely satisfied)?

Please provide comments here _____

Q19. Based on your experience with the CoP, how much do you agree with the following statements? (For this question, we are interested in the impact of this CoP on you as a clinician).

	r	1	r	1	1
Participating in this CoP improved my	1	2	3	4	5
knowledge about working with people					
with dementia					
Participating in this CoP improved my					
adoption of evidence-based practice in					
my work practice for people with					
dementia					
Participating in this CoP provided me					
with access to networks for continuing					
education in dementia					
Participating in this CoP provided me					
with access to expertise not available					
locally					
Participating in this CoP provided me				Ì	
with the opportunity to discuss work-					
related problems in a non-judgemental					
environment					
Participating in this CoP provided me					
with access to experts in the field that I					
would otherwise have found difficult to					
obtain.					
Getting access to multi-disciplinary					
relationships with other professionals					
through membership of the CoP helps					
me improve my work practice.					
Attending the seminars and other					
meetings organised by the CoP helped					
me establish links with other clinicians					
involved in dementia rehabilitation.					
Being a member of this CoP gives me				Ì	
access to clinicians that I can refer my					
patients for rehabilitation which					
otherwise I would have found difficult					
to obtain.					

Q20. Based on your experience with the CoP, how much do you agree with the following statements? (For this question, we are interested in the impact of this CoP on the organisation that you work for).

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The work of this CoP has resulted in my organisation successfully implementing evidence-based practice interventions for people with dementia.	1	2	3	4	5
The work of this CoP has resulted in my organisation developing a new model or process to improve rehabilitation services for people with dementia.					

Q21. Please list any activities you facilitated in your workplace to improve knowledge about dementia rehabilitation

Q22. Please list any ways you advocated for change in relation to dementia rehabilitation in your workplace and if they were successful

Q23. Please list any barriers you have encountered referring and/or providing rehabilitation to people with dementia?

Q24. Please provide your thoughts on future ways to enhance the sustainability of the Community of Practice or any other ideas to improve access to rehabilitation for people with dementia?

Q25. Are there any other comments you would like to make?

End of survey. Thank you!