**Questionnaire on impact of training and feedback**

Dear Participant,

We at Mashav Applied Research, are asking you to complete the attached questionnaire as part of a study on the topic of training in the field of care for people with dementia. The purpose of the questionnaire is to formulate a reliable and in-depth picture that will help improve and clarify the training process.

The questionnaire is anonymous. You will not write your name and we will not know your identity. Your answers will not be forwarded to any external party. The findings will be presented as a whole after integrating all the answers. The confidentiality of your responses is guaranteed. Background questions are for statistical segmentation purposes only.

Filling out the questionnaire will take about 15 minutes.

For any questions regarding the questionnaire and research, please contact Dr. Yossi Freier Dror at 052-3779392.

Thank you very much for your cooperation,

The Ministry of Health, JDC-ESHEL, and Mashav Applied Research

Instructions:

In your responses, please refer only to the training you have just completed.

For each of the questions, please indicate to what extent your ability has improved as a result of the training.

**Subject: Familiarity with dementia**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Identifying symptoms of dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Distinguishing between normative cognitive decline (as part of human aging) and dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when dementia is suspected | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: The life experiences of a person with dementia**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Understanding the effects and fear of stigmas associated with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Understanding the experiences and feelings of a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Understanding the effect of the disease on the family members of the person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Risk Factors for Disease and Risk Reduction**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Acting on a daily basis to reduce the risk of dementia among older people | ➀ | ➁ | ➂ | ➃ | ➄ |
| Acting on a daily basis to reduce the risk of dementia for yourself and those close to you | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Person-Centered Therapy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Using a “person-centered” approach to treatment of someone with dementia throughout the stages of the disease | ➀ | ➁ | ➂ | ➃ | ➄ |
| Clearly documenting the person’s preferences regarding his/her care and treatment needs | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Communication with People with Dementia**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Communicating verbally and non-verbally in a manner appropriate for people with dementia, and knowing what to be careful about when conversing with them | ➀ | ➁ | ➂ | ➃ | ➄ |
| Talking to people with dementia in a respectful and sensitive way (e.g., maintaining an adult rather than childish tone, knowing that the person continues to have feelings despite the cognitive decline) | ➀ | ➁ | ➂ | ➃ | ➄ |
| Encouraging dialogue and communication with people with dementia throughout the stages of the disease | ➀ | ➁ | ➂ | ➃ | ➄ |
| Use the validation method when communicating with a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when experiencing communication difficulties with a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Challenging Behaviors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Dealing appropriately with challenging behaviors | ➀ | ➁ | ➂ | ➃ | ➄ |
| Identifying the causes of challenging behaviors and addressing these causes | ➀ | ➁ | ➂ | ➃ | ➄ |
| Identifying potentially challenging behaviors and ways to prevent / reduce them | ➀ | ➁ | ➂ | ➃ | ➄ |
| Assisting a person with dementia in dealing with challenging behavior using various tools (e.g., music, activity, change of environment, etc.) | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when experiencing difficulty in dealing with challenging behaviors | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Basic Activities of Daily Living (BADL) throughout the Stages of the Disease**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Helping a person with dementia to perform daily activities in the best way throughout the stages of the disease (getting out of bed, showering, getting dressed, getting around, etc.) | ➀ | ➁ | ➂ | ➃ | ➄ |
| Helping a person with dementia maintain independence and functioning to the greatest degree possible throughout the stages of the disease | ➀ | ➁ | ➂ | ➃ | ➄ |
| Reducing the risk of pressure sores in people with dementia and knowing what treatment aids can be used | ➀ | ➁ | ➂ | ➃ | ➄ |
| Caring for a person with dementia who has a stoma or catheter; knowing how to replace bags properly, and how and when to use an external catheter (Penrose) | ➀ | ➁ | ➂ | ➃ | ➄ |
| Properly caring for a person with advanced dementia who is in the disability/infirmity stage  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when difficulty arises in daily care | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Instrumental Activities of Daily Living in a Person with Dementia**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Treating a person with dementia in the best and most appropriate way  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Involving a person with dementia in various activities at home and outside, according to his or her physical, cognitive, and emotional abilities | ➀ | ➁ | ➂ | ➃ | ➄ |
| Encouraging a person with dementia to perform various activities | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Nutrition**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Providing appropriate nutrition to a person with dementia throughout the stages of the disease | ➀ | ➁ | ➂ | ➃ | ➄ |
| Adapting the type and texture of food to the person’s functional and cognitive state | ➀ | ➁ | ➂ | ➃ | ➄ |
| Reducing the risk of aspiration and pneumonia when feeding a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Reducing the risk of malnutrition or an unbalanced diet | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when difficulty arises regarding the diet of the person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Identifying and Treating Pain**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Identifying pain in people with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Knowing whom to alert and how when a person with dementia is in pain | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Encouraging Activity among People with Dementia**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Helping people with dementia to be active in order to preserve function and quality of life in the various stages of the disease | ➀ | ➁ | ➂ | ➃ | ➄ |
| Helping a person with dementia choose the most appropriate activities  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Encouraging a person with dementia to perform activities that preserve function and quality of life | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Adaption of the Environment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Adapting the home / institution environment to the person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Prevention of Abuse and Neglect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Identifying situations of neglect or abuse of a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |
| Taking action in a situation where there is a suspicion that a person with dementia is subject to abuse or neglect | ➀ | ➁ | ➂ | ➃ | ➄ |

**Subject: Caretaker Self-Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent your ability improved regarding:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| Caring for yourself during the ongoing care of a person with dementia, including your physical, emotional, and mental functioning | ➀ | ➁ | ➂ | ➃ | ➄ |
| Know how to receive ongoing support while caring for a person with dementia | ➀ | ➁ | ➂ | ➃ | ➄ |

**Feedback on the Training**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate to what extent:** | **1****Not at all** | **2****Slightly** | **3****Moderately** | **4****Very** | **5****Extremely** |
| The training was interesting | ➀ | ➁ | ➂ | ➃ | ➄ |
| The training aroused curiosity and thought | ➀ | ➁ | ➂ | ➃ | ➄ |
| The training was innovative and advanced | ➀ | ➁ | ➂ | ➃ | ➄ |
| The atmosphere in the training was participatory and open | ➀ | ➁ | ➂ | ➃ | ➄ |
| Attention was paid to the content and needs that arose in the training | ➀ | ➁ | ➂ | ➃ | ➄ |
| The training was delivered in an organized and clear manner | ➀ | ➁ | ➂ | ➃ | ➄ |
| The training addressed issues relevant to your work | ➀ | ➁ | ➂ | ➃ | ➄ |
| Professional questions were answered in the training | ➀ | ➁ | ➂ | ➃ | ➄ |
| Relevant materials and professional literature were provided or referred to  | ➀ | ➁ | ➂ | ➃ | ➄ |
| Emphasis was placed on the relevance and applicability of the training | ➀ | ➁ | ➂ | ➃ | ➄ |
| The training met your expectations | ➀ | ➁ | ➂ | ➃ | ➄ |
| You were satisfied with the training | ➀ | ➁ | ➂ | ➃ | ➄ |
| You would recommend others to participate in this training | ➀ | ➁ | ➂ | ➃ | ➄ |

**These open questions are of great importance in the development and improvement of the training; please take the time to answer in detail.**

**What do you think were the strengths (positive aspects) of the training?**

* + .
	+ .

**What do you think should be changed and improved in the training?**

* + .
	+ .

**What other content or tools would you like to receive as part of training in the field of dementia?**

\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_\_\_\_\_\_\_\_\_\_

**Background Questions**

Background questions are for statistical segmentation purposes only; the confidentiality of your answers is guaranteed.

Year of Birth: \_\_ \_\_ \_\_ \_\_

Does anyone in your nuclear family suffer from dementia? Yes | No

Do you have previous experience in treating people with dementia? Yes | No

For any questions regarding the questionnaire and research, please contact Dr. Yossi Freier Dror at 052-3779392.

Thank you very much for your cooperation,

The Ministry of Health, JDC-ESHEL, and Mashav Applied Research