



# Community Clinician Year 1 Survey

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## Specification

### Section Welcome, Screener, Intro

#### CCIntro

Thank you for participating in the National Dementia Workforce Study.

This survey is sponsored by the National Institute on Aging to learn about clinicians who provide care to older adults living with dementia.

The survey should take about 25 minutes to complete.

Dementia is a condition characterized by cognitive impairment that is significant enough to interfere with daily activities. It affects one or more aspects of cognition such as memory, thinking, language, judgment, or behavior.

Mild cognitive impairment is a condition characterized by cognitive impairment that is not yet significant enough to interfere with daily activities.

Dementia and mild cognitive impairment can be caused by a number of underlying diseases, the most common of which is Alzheimer's disease.

## Section 1: Education, Training and Experience

### CC1 License

**These first questions ask about your professional education, training, and experience.**

What type of license do you hold?

01. Physician
02. Physician assistant
03. Nurse practitioner
04. I do not hold active licensure of any of the above

[ALLOW ONLY ONE SELECTION]  
[TERMINATE SURVEY IF CC1 = 04]

---

[IF CC1 = PHYSICIAN]

### CC2a LicenseEduPh

What education qualified you for your license?

1. M.D.
2. D.O.
3. M.B.B.S.

[ALLOW ONLY ONE SELECTION]

---

## CC2b LicenseEduPA

[IF CC1 = 2 PHYSICIAN ASSISTANT]

What education qualified you for your license?

*Select one.*

1. PA certificate/diploma
2. Associate degree
3. Military training certification
4. Bachelor's degree
5. Master's degree
6. Other (specify)\_\_\_\_\_

[ALLOW ONLY ONE SELECTION]

---

## CC2c LicenseEduNP

[IF CC1 = 3 NURSE PRACTITIONER]

What education qualified you for your license?

*Select one.*

1. NP certificate
2. Master's degree
3. Doctor of Nursing Practice
4. Other (specify)\_\_\_\_\_

[ALLOW ONLY ONE SELECTION]

---

## CC3 Field

[IF CC1 = NURSE PRACTITIONER]

What was your field of study? *Select all that apply.*

1. Family Nurse Practitioner
2. Adult Primary Care Nurse Practitioner
3. Adult Acute Care Nurse Practitioner
4. Adult Gerontology Primary Care Nurse Practitioner

5. Adult Gerontology Acute Care Nurse Practitioner
6. Gerontological Nurse Practitioner
7. Psychiatric Mental Health Nurse Practitioner
8. Women's Health Care Nurse Practitioner
9. Emergency Nurse Practitioner
10. Hospice and Palliative Care Nurse Practitioner
11. Other (specify) \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

### CC4 DegreeYear

What year did you complete your highest clinical degree?

*Please enter a 4-digit year.*

[     ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

---

### CC5 DegreeCountry

In what country did you complete your highest clinical degree?

*Please select a country.*

[     ]

[Dropdown for countries with "United States of America" first]

---

### CC6 DegreeState

[IF CC5 = US]

In what state did you complete your highest clinical degree?

[     ]

[Dropdown menu for states and territories]

---

## CC7 Residency

Did you complete a residency, fellowship, or specialty training?

1. Yes
  2. No
- 

## CC8 ResidencyField

[IF CC7 = YES and CC1 = PHYSICIAN]

In what field did you complete your residency training? *Select all that apply.*

1. Family Medicine
2. Internal Medicine
3. Neurology
4. Psychiatry
5. Other (specify) \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## CC8b ResidencyYear

[IF CC7 = YES and CC1 = PHYSICIAN]

What year did you complete your residency training?

*Please enter a 4-digit year.*

[     ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

---

## CC8c FellowArea

[IF CC7 = YES and CC1 = PHYSICIAN]

In what area, if any, did you complete your fellowship training? *Select all that apply.*

- 01. Geriatrics
- 02. Geriatric Psychiatry
- 03. Hospice and Palliative Medicine
- 04. Other (specify) \_\_\_\_\_
- 05. Did not complete a fellowship

[SELECT ALL THAT APPLY]

---

### CC8d FellowYear

[IF CC7 = YES and CC1 = PHYSICIAN]

What year did you complete your last fellowship training?

*Please enter a 4-digit year.*

[     ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

---

### CC9a NPPAArea

[IF CC7 = YES and CC1 = NURSE PRACTITIONER OR PHYSICIAN ASSISTANT]

What was the area of specialty?

\_\_\_\_\_

[FREE SHORT ANSWER TEXT]

---

### CC9b NPPAFellowYear

[IF CC7 = YES and CC1 = NURSE PRACTITIONER OR PHYSICIAN ASSISTANT]

What year did you complete your residency, fellowship, or speciality training?

*Please enter a 4-digit year.*

[     ]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2024/25]

---



## CC10 BoardCert

Are you currently certified by a professional board?

1. Yes
  5. No
- 

## CC11a BoardCertPh

[IF CC10 = YES and CC1 = PHYSICIAN]

Which board certification(s) do you hold?

*Select all that apply.*

1. Family Medicine (ABFM or AOA)
2. Internal Medicine (ABIM or AOA)
3. Geriatrics (ABFM or ABIM)
4. Psychiatry (ABPN or AOA)
5. Neurology (ABPN or AOA)
6. Hospice and Palliative Medicine (ABIM and co-sponsoring boards, or AOA)
7. Certified Medical Director (ABPLM)
8. Hospice Medical Director (HMDCB)
9. Other Medical Specialty Board (please specify): \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## CC11b BoardCertPA

[IF CC10 = YES and CC1 = PHYSICIAN ASSISTANT]

Which board certification(s) do you hold? *Select all that apply.*

1. Physician Assistant (NCCPA)
  2. Other (please specify): \_\_\_\_\_
- 

## CC11c BoardCertNP

[IF CC10 = YES and CC1 = NURSE PRACTITIONER]

Which board certification(s) do you hold?

Select all that apply.

1. Family Nurse Practitioner (ANCC or AANP)
2. Adult Gerontology Primary Care Nurse Practitioner (ANCC or AANP)
3. Adult Gerontology Acute Care Nurse Practitioner (ANCC or AACN)
4. Psychiatric Mental Health Nurse Practitioner (ANCC or AANP)
5. Women's Health Care Nurse Practitioner (NCC)
6. Emergency Nurse Practitioner (AANP)
7. Advanced Certified Hospice and Palliative Nurse (HPCC)
8. Other (specify) \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## CC12 TrainPrepare

To what extent has your formal training prepared you to provide care to people with dementia?

01. Not well prepared
  02. Somewhat prepared
  03. Adequately prepared
- 

## CC13 YearsPracticed

How many years have you been practicing as a <PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT> - FILL RESPONSE FROM CC1

\_\_\_ Full-time years (average of 30 hours a week or more for the year) [PracticeFT]

\_\_\_ Part-time years (average of less than 30 hours a week for the year) [PracticePT]

[RANGE 0 - 99]

---

## Section 2: Employment Status

**These next questions ask about your employment status.**

[THESE TWO SECTIONS TO BE ON THE SAME PAGE OF THE SURVEY]

## CC14 JobsClinical

How many paid **clinical** jobs do you have? Include all full-time, part-time, per diem, and agency positions in which you provide and/or supervise patient care.

A single job may involve you providing care in multiple settings for a single employer.

\_\_\_\_\_ Number of paid clinical jobs

[RANGE 0 - 99]

[If "0" entered or blank display custom prompt, "You entered 0 suggesting you do not currently have a clinical job. Is that correct? Enter at least 1 if you currently work as a clinician."]

---

## CC15 JobNonClinical

Do you have any other **non-clinical** paid jobs? (i.e., jobs that do not involve patient care)

1. Yes
  5. No [GO TO CC17]
- 

## CC16 JobTypeNonClinical

Which of the following best describes your non-clinical employment? *Select all that apply.*

1. Research
2. Teaching
3. Consulting
4. Health insurance company
5. Pharmaceutical or biomedical industry
6. Government
7. Other (specify) \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## Section 3: Practice Settings and Characteristics

**The rest of the questions in this survey are related to your principal clinical job, that is, the job in which you work the most hours providing or supervising patient care.**

[THESE TWO SECTIONS TO BE ON THE SAME PAGE OF THE SURVEY]

## CC17 JobYears

How many years have you been working for your current employer? *If you have worked here less than 1 year, enter 0.*

\_\_\_\_\_ Number of years

[RANGE 0 - 99]

---

## CC18 JobHoursWeek

In a **typical week**, how many hours do you usually work in your principal clinical job? **Exclude** after-hours on call time where you are only available for phone/remote coverage. **Include** after-hours on call time where you are physically on-site and available to see patients.

\_\_\_\_\_ Number of hours per week

[RANGE 0 - 168]

---

## CC19 JobDaysMonth

In a **typical month**, how many days are you responsible for after-hours on call coverage as part of your principal clinical job? **Include** all remote and on-site on call coverage.

\_\_\_\_\_ Number of days per month

[RANGE 0 - 31]

## CC20 JobSupervise

Are you in a supervisory or management role in your principal clinical job?

1. Yes
  5. No
-

## CC21 JobActivities

During a **typical week**, what percent of time do you spend on the following activities at your principal clinical job?

a. Direct patient care	___ %
b. Indirect patient care (e.g., phone calls, reviewing labs, charting)	___ %
c. Administrative and management activities	___ %
d. Teaching and precepting	___ %
e. Research	___ %
f. Other (specify): _____	___ %
<b>Total</b>	<b>___ %</b>

[RESPONSES SHOULD TOTAL TO 100% - DYNAMIC AUTO-CALCULATION OF TOTAL]

---

**The next questions ask for information about where you practice for your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).**

## CC22 JobType

Which of the following best describes your **employer** for your principal clinical job?

1. Office or clinic-based practice [GO TO Q22a]
2. Hospital or medical center (non-VA) [GO TO CC22b]
3. Veterans Administration [GO TO Q22c]
4. Long-term care or residential care facility [GO TO Q22d]
5. An organization providing home health or community-based care [GO TO Q22e]
6. Hospice organization
7. An inpatient rehabilitation or treatment facility [GO TO Q22f]
8. Health plan or health insurance company [GO TO Q22g]

9. Other [GO TO Q22h]

[ALLOW ONLY ONE SELECTION]

---

### CC22a JobOffice

[IF CC22 = 1 OFFICE OR CLINIC-BASED PRACTICE]

Which of these best describes your practice setting?

1. Solo practice
2. Single-specialty group practice
3. Multi-specialty group practice
4. Federally Qualified Health Center
5. Other community clinic

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

### CC22b JobHospital

[IF CC22 = 2 Hospital or medical center (non-VA)]

Which of these best describes your practice setting?

1. Inpatient department
2. Outpatient department or ambulatory care center
3. Emergency department

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

### CC22c JobVA

[IF CC22 = 3 VETERANS ADMINISTRATION]

Which of these best describes your practice setting?

1. Inpatient department
2. Outpatient department or ambulatory care center
3. Emergency department

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## CC22d JobLTC

[IF CC22 = 4 LONG-TERM CARE OR RESIDENTIAL CARE FACILITY]

Which of these best describes your practice setting?

1. Nursing home
2. Assisted living community
3. Other residential care setting

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## CC22e JobOrg

[IF CC22 = 5 AN ORGANIZATION PROVIDING HOME HEALTH OR COMMUNITY-BASED CARE]

Which of these best describes your practice setting?

1. Program of All-Inclusive Care for the Elderly (PACE)
2. Home health agency or visiting nurse service
3. House call or hospital-at-home
4. Other, please specify \_\_\_\_\_

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## CC22f JobRehab

[IF CC22 = 6 AN INPATIENT REHABILITATION OR TREATMENT FACILITY]

Which of these best describes your practice setting?

1. Behavioral health inpatient facility
2. Inpatient rehabilitation facility
3. Inpatient substance abuse treatment facility

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## CC22g JobInsurance

[IF CC22 = 7 HEALTH PLAN OR HEALTH INSURANCE COMPANY]

Which of these best describes your practice setting?

1. A special needs plan (e.g., ISNP or D-SNP)
2. Other health plan

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## CC22h JobOther

[IF CC22 = 8 OTHER]

Which of these best describes your practice setting?

1. Urgent care
2. Correctional facility
3. Telemedicine company
4. Other (specify): \_\_\_\_\_

[ALLOW ONLY ONE SELECTION]

[GO TO Q23]

---

## FCC23 JobWhere

Which best describes **where** you provide or supervise patient care for your principal clinical job?  
*Select all that apply.*

- a. Inpatient general medicine service
- b. Inpatient geriatric service
- c. Inpatient neurology service
- d. Inpatient psychiatry service
- e. Other inpatient department or service (specify): \_\_\_\_\_
- f. Office or clinic-based internal or family medicine practice
- g. Office or clinic-based geriatric practice
- h. Office or clinic-based neurology practice
- i. Office or clinic-based psychiatry practice
- j. Other office-based practice (specify): \_\_\_\_\_
- k. Telehealth
- l. Nursing home
- m. Assisted living community



- n. Program of All-Inclusive Care for the Elderly
  - o. Other long-term care setting
  - p. Hospice
  - q. Home health care
  - r. Urgent care
  - s. Other (specify): \_\_\_\_\_
- 

### CC24 JobPrimaryCare

Do you provide primary care in your principal clinical job?

- 1. Yes, it is my main role
- 2. Yes, but it is not my main role
- 5. No

[ALLOW ONLY ONE SELECTION]

---

### CC25 JobDementia

Is your principal clinical job in an Alzheimer's Disease Research Center or similar tertiary referral center that specializes in the diagnosis and treatment of dementia?

- 1. Yes
- 5. No

[ALLOW ONLY ONE SELECTION]

---

### CC26 JobUnderserved

Are any of your practice sites in an underserved community?

- 1. Yes
- 5. No

[ALLOW ONLY ONE SELECTION]

---

## CC27 JobAcademia

Is your practice affiliated with an academic health system?

1. Yes
5. No

[ALLOW ONLY ONE SELECTION]

---

## CC28 JobZipCode

Please enter the zip code in which your principal practice site is located:

\_\_\_\_\_ 5-DIGIT ZIP CODE

[5-Digits]

---

## CC29 JobPatients

Approximately how many **patients** does your practice currently serve, **across all clinicians**?

If you work within a large health system, provide an estimate based on the practice, division, or department that you consider to be your primary work unit.

1. Less than 100
2. 100-499
3. 500-999
4. 1,000-2,499
5. 2,500-4,999
6. 5,000-7,499
7. 7,500-9,999
8. 10,000 or more.

[ALLOW ONLY ONE SELECTION]

---

## CC30a-i NumClinicians

How many of the following **clinicians**, including yourself, work in your practice?

If you do not have these clinicians in your practice, please enter 0. Please provide your best estimate if you do not know the exact numbers. If you work within a large health system, provide an estimate based on the practice, division, or department that you consider to be your primary work unit.

a. \_\_\_\_\_ Physicians

b. \_\_\_\_\_ Nurse practitioners or other advanced practice nurses

c. \_\_\_\_\_ Physician assistants

d. \_\_\_\_\_ Social workers

e. \_\_\_\_\_ Registered nurses

f. \_\_\_\_\_ Psychologists

g. \_\_\_\_\_ Physical, occupational, and speech therapists

h. \_\_\_\_\_ Pharmacists

i. \_\_\_\_\_ Registered dietitians

---

## CC31 EHR

In your practice, which best describes the extent to which patient care activities are documented in an electronic health record (EHR)?

1. All documentation is electronic in a single EHR system
2. All documentation is electronic but in multiple EHR systems
3. Some documentation is electronic; some documentation is on paper
4. All documentation is on paper

[ALLOW ONLY ONE SELECTION]

---

## Section 4: Patient Panel and Scheduling

**These questions ask for information about the patients you provide care for in your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).**

### CC32 PatientPanel

As of today, what is the approximate size of your **patient panel**? Your 'patient panel' is the number of unique active patients for whom you are responsible for providing acute, chronic, and preventive care. Your best estimate is fine.

\_\_\_\_\_ Number of patients

---

### CC33a-m Patients

Please characterize your current patient panel to the best of your knowledge. If none of your patients have the specified characteristic, please enter 0.

*Percentages do not need to add to 100%.*

What percent of the patients on your current panel...

a. \_\_\_\_\_ are age 65 and older?

b. \_\_\_\_\_ have mild cognitive impairment?

c. \_\_\_\_\_ have any stage of dementia?

d. \_\_\_\_\_ have advanced or severe dementia?

e. \_\_\_\_\_ have serious mental illness (bipolar disorder, schizophrenia, other psychotic disorder)?

f. \_\_\_\_\_ have a substance use disorder?

g. \_\_\_\_\_ live in a nursing home?

h. \_\_\_\_\_ live in an assisted living community?

i. \_\_\_\_\_ are homebound?

j. \_\_\_\_\_ are homeless or experiencing housing instability?

k. \_\_\_\_\_ are uninsured?

l. \_\_\_\_\_ do not speak English or have limited English proficiency?

m. \_\_\_\_\_ identify as LGBTQ+?

---

## CC34a-f PatientsDay

In a **typical workday**, approximately how many patients do you see? Include all face-to-face and telehealth visits.

\_\_\_\_\_ Number of patients per day

[RANGE 0-200]

---

## CC35 MinVisit

How many **minutes** is your standard patient visit for each of the following?

If you do not provide a visit type, please enter 0.

[IN WEB VERSION DISPLAY ALL ON ONE SCREEN; IN MOBILE DISPLAY ONE ITEM PER PAGE]

a. Initial visit for a new patient without cognitive impairment \_\_\_\_\_ Number of minutes

b. Initial visit for a new patient with cognitive impairment \_\_\_\_\_ Number of minutes

c. Annual wellness visit for an established patient without cognitive impairment \_\_\_\_\_ Number of minutes

d. Annual wellness visit for an established patient with cognitive impairment \_\_\_\_\_ Number of minutes

e. Routine visit for an established patient without cognitive impairment \_\_\_\_\_ Number of minutes

f. Routine visit for an established patient with cognitive impairment \_\_\_\_\_ Number of minutes

[RANGE 0-480 FOR EACH ITEM]

---

### CC36 FamilyPresent

Among visits you conduct with patients who are cognitively impaired, how often is a family member or other caregiver present who can assist in providing a reliable history?

1. Never
2. Rarely
3. Sometimes
4. Often

[ALLOW ONLY ONE SELECTION]

---

### CC37 Interpreter

Do you have medical interpreting services available for patients who do not speak English?

1. Yes
  5. No [Go to CC38]
- 

### CC37a InterpreterType

[IF CC37=YES]

What type of interpreting services are available? *Select all that apply.*

1. On-site

2. Telephone
3. Video
4. Other, please specify\_\_\_\_\_

[SELECT ALL THAT APPLY]

[Go to CC38]

---

## Section 5: Processes of Care: Dementia Screening, Diagnosis, and Management

**These next questions ask about care that you provide in your principal clinical job (i.e., the job in which you work the most hours providing and/or supervising patient care).**

### CC38 Medicare

Do you conduct Medicare annual wellness visits as part of your principal clinical job?

1. Yes
  5. No [Go to CC40]
- 

### CC39 MedicareCogAssessment

What **percent** of your patients seen for a Medicare annual wellness visit receive an objective cognitive assessment as part of that visit?

1. <25%
2. 25-49%
3. 50-74%
4. 75-100%

[ALLOW ONLY ONE SELECTION]

---

### C40a-i CognitiveAssessmentType

Do you or someone else in your practice administer any of the following cognitive assessments?

	No	Yes, occasional ly	Yes, routinely	Don't Know
a. Montreal Cognitive Assessment (MoCA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Saint Louis University Mental Status (SLUMS) Examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mini-Mental State Examination (MMSE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mini-Cog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Clock Drawing test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Rowland Universal Dementia Assessment Scale (RUDAS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Confusion Assessment Method (CAM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Comprehensive neuropsychological testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other cognitive assessment (specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[If at least one answer in CC40a through i = 'yes, routinely' or 'yes, occasionally', GO TO CC41]



## CC41 CognitiveAssessmentAdministrator

[If at least one answer in CC40 = 'yes, routinely' or 'yes, occasionally']

In your practice, who usually conducts the cognitive assessment? *Select all that apply.*

1. I do
  2. Other physician, advanced practice nurse, or physician assistant
  3. Registered nurse or licensed practical nurse
  4. Social worker
  5. Medical assistant
  6. Neuropsychologist
  7. Other psychologist
  8. Other licensed health professional
  9. Other non-licensed staff
- 

## C42a-j DiagnoseDementia

[IN WEB VERSION DISPLAY ALL ON ONE SCREEN; IN MOBILE DISPLAY ONE ITEM PER PAGE WITH APPROPRIATE INTRO]

To what extent do you feel confident **diagnosing**:

### Dementia and mild cognitive impairment:

	Not at all confident	Not very confident	Somewhat confident	Very confident
a. Dementia in persons under age 65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia in persons age 65 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mild cognitive impairment in persons under age 65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mild cognitive impairment in persons age 65 or older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

DiagnoseDementia2?

To what extent do you feel confident **diagnosing**:

<b>Dementia subtypes:</b>	Not at all confident	Not very confident	Somewhat confident	Very confident
e. Alzheimer's dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Vascular dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Parkinson's disease dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Dementia with Lewy bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Frontotemporal dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other forms of dementia not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## CC43a-f Diagnose Tests

Among your patients with **suspected** cognitive impairment including dementia, how often do you order, or refer to a specialist to order, the following as part of the diagnostic evaluation?

	Never	Rarely	Sometimes	Routinely
a. Comprehensive neuropsychological testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Plasma biomarker testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cerebrospinal fluid (CSF) biomarker testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. CT scan or MRI of the brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. PET imaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Genetic testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## CC44 Referrals

Among your patients with **suspected** cognitive impairment, including dementia, how often do you refer patients to the following specialists for assistance with **diagnosis**?

	Never	Rarely	Sometimes	Routinely
a. Neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Neuropsychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Psychiatrist or other mental health specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Geriatrician or other geriatric specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

## CC45 Referrals Dementia

Among your patients who already have a dementia diagnosis, how often do you refer patients to the following specialists for assistance with dementia **treatment and management**?

	Never	Rarely	Sometimes	Routinely
a. Neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Neuropsychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Psychiatrist or other mental health specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Geriatrician or other geriatric specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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## CC46 GeneralPriorities1 GeneralPriorities2

Thinking **in general** about the care people with dementia should receive, how would you prioritize the following?

[RANDOMIZE ITEMS IN CC46]

	Low priority	Moderate priority	High priority	Not sure
a. Patient/family education and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Caregiver burden assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Home safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Driving safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Firearm safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Home care needs assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nutrition assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Functional assessment and referrals	o	o	o	o
i. Advance care planning and advance directive completion	o	o	o	o
j. Assistance with legal and financial planning	o	o	o	o
k. Screening for elder abuse (e.g., financial, physical, emotional)	o	o	o	o
l. Screening patients for financial mismanagement of their own assets	o	o	o	o
m. Referral to neurologist or other dementia specialist	o	o	o	o
n. Referral to social worker or case manager for care coordination	o	o	o	o
o. Prescription of cholinesterase inhibitors and/or memantine (Namenda)	o	o	o	o
p. Prescription of anti-amyloid therapies (e.g. lecanemab [Leqembi])	o	o	o	o
q. Biomarker testing for Alzheimer's disease	o	o	o	o
r. Screening and management of behavioral symptoms	o	o	o	o
s. De-prescribing / simplification of medication regimens	o	o	o	o

---

## CC47 PracticeCare1 PracticeCare2 (Two screens)

Thinking of the care **your practice provides**, how often is each of the following provided to people with dementia?

[RANDOMIZE ITEMS IN CC47]

	Never	Rarely	Sometimes	Routinely
a. Patient/family education and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Caregiver burden assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Home safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Driving safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Firearm safety evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Home care needs assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Nutrition assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Functional assessment and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. Advance care planning and advance directive completion	o	o	o	o
j. Assistance with legal and financial planning	o	o	o	o
k. Screening for elder abuse (e.g. financial, physical, emotional)	o	o	o	o
l. Screening patients for financial mismanagement of their own assets	o	o	o	o
m. Referral to neurologist or other dementia specialist	o	o	o	o
n. Referral to social worker or case manager for care coordination	o	o	o	o
o. Prescription of cholinesterase inhibitors and/or memantine (Namenda)	o	o	o	o
p. Prescription of anti-amyloid therapies (e.g. lecanemab [Leqembi])	o	o	o	o
q. Biomarker testing for Alzheimer's disease	o	o	o	o
r. Screening and management of behavioral symptoms	o	o	o	o
s. De-prescribing / simplification of medication regimens	o	o	o	o



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## CC48 a-f Drug

What are your thoughts on the appropriateness of prescribing the following drug classes to address dementia-related behaviors that are unresponsive to non-drug therapy?

	Never appropriate	Rarely appropriate	Sometimes appropriate	Often appropriate
a. Antipsychotics (e.g. risperidone, quetiapine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Benzodiazepines (e.g. lorazepam, clonazepam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Antidepressants (e.g. citalopram, mirtazapine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Anti-seizure medications (e.g. gabapentin, valproic acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cholinesterase inhibitors (e.g. donepezil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Memantine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## CC49 a-n KnowResources1 KnowResources2 (Two Screens)

Please characterize the availability of the following resources in your community and the extent to which you are familiar with each.

	I am <u>not familiar</u> with this	I am <u>familiar</u> with this, but it is <u>not available</u> in my community	I am <u>familiar</u> with this, but I <u>do not know if it is available</u> in my community	I am <u>familiar</u> with this, and it is <u>available</u> in my community
a. Alzheimer's Association Chapter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Home-delivered meals (e.g. Meals on Wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Subsidized senior housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Senior center(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Adult day program(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Program of All-Inclusive Care for the Elderly (PACE) or Living Independence for Elders (LIFE) Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Free or discounted transportation for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Support groups for people with dementia and/or their caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Government programs that allow family caregivers to be paid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Case management services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Adult protective services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Free or discounted legal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Free or discounted home modifications (e.g. ramps, safety rails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Safe Return, WanderGuard, or similar programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### CC50 a-o Interference1 Interference2 (Two Screens)

How much do these factors interfere with your ability to provide care for people with dementia?

	Not a problem	Minor problem	Major problem	Not applicable to my practice
a. Inadequate time with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of confidence or knowledge to provide comprehensive dementia care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. Problems exchanging patient health records with outside healthcare providers	o	o	o	o
d. Inefficient electronic health record	o	o	o	o
e. Difficulties communicating with patients due to language or cultural barriers	o	o	o	o
f. Financial structure does not support meeting patients' social needs	o	o	o	o
g. Unable to bill for time spent on care coordination	o	o	o	o
h. Not enough administrative support	o	o	o	o
i. Not enough interdisciplinary team support	o	o	o	o
j. Lack of appropriate specialists for timely referral of patients	o	o	o	o
k. Insurance problems	o	o	o	o
l. Difficulty transporting patients to appointments	o	o	o	o
m. Lack of community resources to support patients	o	o	o	o
n. Lack of resources to refer for comprehensive mental health services	o	o	o	o

o. Restrictions on my scope of practice

---

## CC51 Guide

Did you or your practice apply or collaborate on an application to the Guiding an Improved Dementia Experience (GUIDE) model?

1. Yes, and we were awarded
  2. Yes, but we were not awarded
  5. No
  9. I don't know
- 

## Section 6: Job Outcomes

### CC52a-i Satisfied

Overall, how satisfied or dissatisfied are you with your principal clinical job?

1. Very dissatisfied
  2. Somewhat dissatisfied
  3. Somewhat satisfied
  4. Very satisfied
-

## CC53 SatisfactionAspects

How satisfied are you with the following aspects of your principal clinical job?

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
a. Proportion of time spent in patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Patient load	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Level of autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Salary and benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opportunities for professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Respect from colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Amount of administrative support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Input into organizational/practice policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CC54 JobBurnedOut

I feel burned out from my work:

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

[ALLOW ONLY ONE SELECTION]

---

## CC55 JobLeave

Do you plan to leave your principal clinical job within the next year?

1. Yes
5. No
9. Undecided

[ALLOW ONLY ONE SELECTION]

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## Section 7: Demographics

Finally, we have a few short questions which will help us ensure we received feedback from a diverse group of people. After this last section, we will confirm your address to send you the \$[AMOUNT] [check / gift card] for your participation.

## CC56 BirthYear

What is your birth year?

\_\_\_\_\_ Year of birth

[INPUT FOUR DIGITS, RANGE 1900 - (CURRENT YEAR MINUS 18)]

---

## CC57 Ethnicity

Are you of Latino or Hispanic ethnicity? *Select all that apply.*

1. No, not Hispanic or Latino
2. Yes, Central American
3. Yes, South American
4. Yes, Caribbean
5. Yes, Mexican
6. Yes, other Hispanic

[SELECT ALL THAT APPLY]

---

## CC58 Race

What is your racial background? *Select all that apply.*

1. African-American, Black, or African
2. American Indian, Native American, or Alaskan Native
3. Asian [GO TO CC58a]
4. Native Hawaiian or Pacific Islander
5. Middle Eastern or North African
6. White or European
7. Other (specify) \_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## CC58a RaceAsian

[IF CC58 = ASIAN]

What is your racial background? *Select all that apply.*

1. Filipino
2. Chinese
3. South Asian (e.g., Indian, Pakistani)
4. Southeast Asian (e.g., Vietnamese, Malaysian)
5. Other Asian

[SELECT ALL THAT APPLY]

---



## CC59 Born

Where were you born?

1. In a U.S. state or D.C. (drop-down state list) [GO TO CC62]
2. In a U.S. territory (drop-down territory list [BornTerritory] [GO TO CC62]
3. Outside the United States (Specify country) \_\_\_\_\_[GO TO CC60]

[ALLOW ONLY ONE SELECTION]

---

## CC60 LiveUS

[If CC59 = 3 OUTSIDE THE UNITED STATES]

What year did you come to live in the United States? If you came to live in the United States more than once, enter the most recent year.

\_\_\_\_\_

[ENTER 4-DIGIT YEAR; RANGE 1900 - CURRENT YEAR]

---

## CC61 Citizenship

[If CC59 = 3 OUTSIDE THE UNITED STATES]

Are you a citizen of the United States?

1. Yes, born abroad of U.S. citizen parent(s)
  2. Yes, U.S. citizen by naturalization (GO TO CC61a)
  3. No, not a U.S. citizen
  9. Prefer not to answer
- 

## CC61a CitizenYear

[IF CC61=YES, US CITIZEN BY NATURALIZATION]

In what year did you become a naturalized citizen?

\_\_\_\_\_

[ENTER 4-DIGIT YEAR; RANGE 1900 - CURRENT YEAR]

---

## CC62 Worry

Regardless of your own immigration or citizenship status, do you ever worry that you or a family member could be detained or deported?

1. Yes
2. No
9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

---

## CC63 Orientation

Do you think of yourself as:

1. Straight or heterosexual
2. Lesbian or gay
3. Bisexual
4. Queer, pansexual, and/or questioning
5. Something else; please specify: \_\_\_\_\_
6. Don't know
9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

---

## CC64 Gender

Do you think of yourself as:

1. Male/Man
2. Female/Woman
3. Transgender man/trans man
4. Transgender woman/trans woman
5. Non-binary
6. Genderqueer/gender nonconforming/neither exclusively male nor female
7. Another gender category or other; please specify: \_\_\_\_\_
9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

---

## CC65 Service

Have you ever served on active duty in the US Armed Forces, Reserves, or National Guard?

1. Never served in the military
2. Only on active duty for training in the Reserves or National Guard
3. Now on active duty
4. On active duty in the past, but not now

[ALLOW ONLY ONE SELECTION]

---

## CC66 LanguageOther

Do you speak any languages other than English with sufficient proficiency to communicate with patients?

1. Yes
  2. No [GO TO CC68]
- 

## CC67 Language

[IF CC66=YES]

What language(s)? *Select all that apply.*

1. Spanish
2. Hindi
3. French
4. Persian/Farsi
5. Chinese
6. Arabic
7. German
8. Russian
9. Italian
10. Hebrew
11. Other Language (Please specify)\_\_\_\_\_

[SELECT ALL THAT APPLY]

---

## CC68 Disability

Do you identify as a person with a disability?

- 1. Yes
- 2. No
- 9. Prefer not to answer

[ALLOW ONLY ONE SELECTION]

---

## CC69 OtherHHMembers

Not counting yourself, how many other people in your household are the following ages? Only count people who normally stay with you for at least 2 nights per week. If no one of that age lives in your household, please enter "0".

a. Children, age 17 or younger \_\_\_\_\_

b. Adults, age 18-64 years \_\_\_\_\_

c. Adults age 65 and older \_\_\_\_\_

---

## CC70 FamDisability

Do you have responsibility for assisting or caring for any adult family members who need help because of a condition related to aging or a disability? Do not include paid positions.

- 1. Yes
  - 5. No
- 

Thank you for your time. These are all the questions that we have for you today.