



NDWS NATIONAL DEMENTIA WORKFORCE STUDY

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.

General Information

Topic: The University of Michigan and the University of California, San Francisco are conducting a study to learn more about healthcare workers who provide care to persons living with dementia. RTI International has partnered with the study team to deliver this survey to community clinicians such as yourself. To get information, we'd like 12,500 people to answer a survey. We expect it to take about 25 minutes to complete the survey.

Voluntary: Answering this survey is voluntary. You don't have to answer it if you'd rather not. You can skip any questions that you don't want to answer, whatever the reason, and you don't have to tell us why.

Risk: It's possible that some of the questions may make you feel uncomfortable. If a question makes you uncomfortable, you can just skip it and go to the next question. Although unlikely, there is always a risk of breach of confidentiality.

Confidentiality: To keep your information as confidential as possible, we will label your survey with a code, rather than your name or any other details that researchers could use to identify you. All published data will remain de-identified, which means all information that could be used to identify you will be removed (for example, your name).

Benefit: Answering our survey won't benefit you directly. We hope what we learn will help improve the quality of dementia care in the future.

Data Sharing: Funding for this study is provided by the National Institute on Aging (NIA) of the National Institutes of Health (NIH). Your de-identified survey data will be combined with data collected from other participants and stored in a NIH data repository. The de-identified survey data will be used for future research studies without additional informed consent.

Your de-identified survey responses may be combined with responses about the organization where you work. All of the data will be de-identified and will not include your name or the name of the organization where you work. You cannot be identified from the survey responses you provided.

For interested researchers, your survey responses may be linked with patient data that is similar to what Medicare releases publicly about individual clinicians and facilities (e.g., the Medicare Physician & Other Practitioners by Provider dataset). However, unlike the data currently available from CMS—which includes your name, NPI, and other identifying information—data available through this project will have any identifiable information about you removed prior to release to researchers and publication.

NIA has partnered with the University of Michigan to manage and store the de-identified data from your survey responses. In the future, the NIA may designate a new data custodian other than The University of Michigan.

Compensation: To thank you for taking part in our study, we'll send you \$100 after you take the survey. You will be asked for your name and address in order to receive your incentive. This information will be kept separate from your survey responses.

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Contact information

To find out more about the study, to ask a question or express a concern about the study, or to talk about any problems you may have as a study subject, you may contact one of the following:

Principal Investigator: Donovan Maust, MD
Telephone: 734-998-8826
Email: info@ndws.org

Study Coordinator: Christine Carr
Mailing Address:
RTI International
3040 East Cornwallis Road
P.O. Box 12194
Research Triangle Park, NC 27709.2194
Telephone: 1-866-881-2515
Email: ndws-cc@rti.org

You may also express a concern about the study by contacting the Institutional Review Board:

University of Michigan Medical School Institutional Review Board (IRBMED)
2800 Plymouth Road
Building 520, Room 3214
Ann Arbor, MI 48109-2800
734-763-4768
Email: irbmed@umich.edu

If you are concerned about a possible violation of your privacy or concerned about a study, you may contact the University of Michigan Health System Compliance Help Line at 1-866-990-0111.

By completing this questionnaire, you confirm that you have read and understand the consent, **are 18 years or older**, and are willing to voluntarily take part in this study.

INSTRUCTIONS

Answer all of the questions by completely filling in the circle to the left of your answer, like this:

- ☒ Yes
☐ No

You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

<p>39. Do you have any other <u>non-clinical</u> paid jobs? (i.e., jobs that do not involve patient care)</p> <p><input type="radio"/> Yes <input type="radio"/> No → Go to #41 on page 7</p>
<p>▶40. Which of the following best describes your <u>non-clinical</u> employment? <i>Select all that apply.</i></p> <p><input type="checkbox"/> Research <input type="checkbox"/> Teaching</p>

In this example, if you answer “Yes” to Question 39, you should continue to Question 40.

If you answer “No” to Question 39, you should skip to Question 41 on page 7.

EDUCATION, TRAINING, AND EXPERIENCE

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

1. What type of license do you hold?

- ☐ Physician → **Continue to #2**
- ☐ Physician assistant → **Go to #15 on page 4**
- ☐ Nurse practitioner → **Go to #26 on page 5**
- ☐ I do not hold active licensure of any of the above → **Go to #110 on page 23**

IF PHYSICIAN:

2. What education qualified you for your license?

- ☐ M.D.
- ☐ D.O.
- ☐ M.B.B.S.

3. What year did you complete your highest clinical degree?

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 Year

4. In what country did you complete your highest clinical degree?

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→ If you completed your degree outside of the United States, go to #6

5. In what state did you complete your highest clinical degree?

State:

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

- ☐ Yes → **Continue to #7**
- ☐ No → **Go to #11 on page 4**

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

- ☐ Family Medicine
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Psychiatry
- ☐ Other (please specify):

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8. What year did you complete your residency training?

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 Year

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

- ☐ Geriatrics
- ☐ Geriatric Psychiatry
- ☐ Hospice and Palliative Medicine
- ☐ Other (please specify):

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- ☐ Did not complete a fellowship → **Go to #11 on page 4**

10. What year did you complete your last fellowship training?

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 Year

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11. Are you currently certified by a professional board?

- ☐ Yes
☐ No → Go to #13

→12. Which board certification(s) do you hold? *Select all that apply.*

- ☐ Family Medicine (ABFM or AOA)
☐ Internal Medicine (ABIM or AOA)
☐ Geriatrics (ABFM or ABIM)
☐ Psychiatry (ABPN or AOA)
☐ Neurology (ABPN or AOA)
☐ Hospice and Palliative Medicine (ABIM and co-sponsoring boards, or AOA)
☐ Certified Medical Director (ABPLM)
☐ Hospice Medical Director (HMDCB)
☐ Other Medical Specialty Board (*please specify*): ▼

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

- ☐ Not well prepared
☐ Somewhat prepared
☐ Adequately prepared

14. How many years have you been practicing as a Physician?

Full-time years (average of 30 hours a week or more for the year):

Part-time years (average of less than 30 hours a week for the year):

→ Go to the **EMPLOYMENT STATUS** section on page 6

IF PHYSICIAN ASSISTANT:

15. What education qualified you for your license?

- ☐ PA certificate/diploma
☐ Associate degree
☐ Military training certification
☐ Bachelor's degree
☐ Master's degree
☐ Other (*please specify*): ▼

16. What year did you complete your highest clinical degree?

 Year

17. In what country did you complete your highest clinical degree?

→ If you completed your degree outside of the United States, go to #19

→18. In what state did you complete your highest clinical degree?

State:

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

- ☐ Yes
☐ No → Go to #22 on page 5

→20. What was the area of specialty?

21. What year did you complete your residency, fellowship, or specialty training?

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 Year

22. Are you currently certified by a professional board?

- ☐ Yes
☐ No → Go to #24

→ 23. Which board certification(s) do you hold? Select all that apply.

- ☐ Physician Assistant (NCCPA)
☐ Other (please specify):

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

- ☐ Not well prepared
☐ Somewhat prepared
☐ Adequately prepared

25. How many years have you been practicing as a Physician Assistant?

Full-time years (average of 30 hours a week or more for the year):

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Part-time years (average of less than 30 hours a week for the year):

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→ Go to the EMPLOYMENT STATUS section on page 6

IF NURSE PRACTITIONER:

26. What education qualified you for your license?

- ☐ NP certificate
☐ Master's degree
☐ Doctor of Nursing Practice
☐ Other (please specify):

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

- ☐ Family Nurse Practitioner
☐ Adult Primary Care Nurse Practitioner
☐ Adult Acute Care Nurse Practitioner
☐ Adult Gerontology Primary Care Nurse Practitioner
☐ Adult Gerontology Acute Care Nurse Practitioner
☐ Gerontological Nurse Practitioner
☐ Psychiatric Mental Health Nurse Practitioner
☐ Women's Health Care Nurse Practitioner
☐ Emergency Nurse Practitioner
☐ Hospice and Palliative Care Nurse Practitioner
☐ Other (please specify):

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28. What year did you complete your highest clinical degree?

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 Year

29. In what country did you complete your highest clinical degree?

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→ If you completed your degree outside of the United States, go to #31

→ 30. In what state did you complete your highest clinical degree?

State:

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

- ☐ Yes
☐ No → Go to #34 on page 6

→ 32. What was the area of specialty?

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33. What year did you complete your residency, fellowship, or specialty training?

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 Year

34. Are you currently certified by a professional board?

- ☐ Yes
☐ No → Go to #36

→35. Which board certification(s) do you hold? Select all that apply.

- ☐ Family Nurse Practitioner (ANCC or AANP)
☐ Adult Gerontology Primary Care Nurse Practitioner (ANCC or AANP)
☐ Adult Gerontology Acute Care Nurse Practitioner (ANCC or AACN)
☐ Psychiatric Mental Health Nurse Practitioner (ANCC or AANP)
☐ Women's Health Care Nurse Practitioner (NCC)
☐ Emergency Nurse Practitioner (AANP)
☐ Advanced Certified Hospice and
☐ Other Medical Specialty Board (please specify):

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

- ☐ Not well prepared
☐ Somewhat prepared
☐ Adequately prepared

37. How many years have you been practicing as a Nurse Practitioner?

Full-time years (average of 30 hours a week or more for the year):

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Part-time years (average of less than 30 hours a week for the year):

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EMPLOYMENT STATUS

These next questions ask about your employment status.

38. 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.

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 Number of paid clinical jobs

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

- ☐ Yes
☐ No → Go to #41 on page 7

→40. Which of the following best describes your non-clinical employment? Select all that apply.

- ☐ Research
☐ Teaching
☐ Consulting
☐ Health insurance company
☐ Pharmaceutical or biomedical industry
☐ Government
☐ Other (please specify):

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PRACTICE SETTING 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.

41. 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

42. 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

43. 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

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

☐ Yes

☐ No

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

a. Direct patient care	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Indirect patient care (e.g., phone calls, reviewing labs, charting)	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Administrative and management activities	<input type="text"/> <input type="text"/> <input type="text"/> %
d. Teaching and precepting	<input type="text"/> <input type="text"/> <input type="text"/> %
e. Research	<input type="text"/> <input type="text"/> <input type="text"/> %
f. Other (<i>please specify</i>): 	<input type="text"/> <input type="text"/> <input type="text"/> %
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Total: <i>Response should total to 100%.</i>	<input type="text"/> <input type="text"/> <input type="text"/> %

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).

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

- ☐ Office or clinic-based practice → **Go to #47**
- ☐ Hospital or medical center (non-VA) } **Go to #48**
- ☐ Veterans Administration } **Go to #48**
- ☐ Long-term care or residential care facility → **Go to #49**
- ☐ An organization providing home health or community-based care → **Go to #50**
- ☐ Hospice organization → **Go to #54 on page 9**
- ☐ An inpatient rehabilitation or treatment facility → **Go to #51**
- ☐ Health plan or health insurance company → **Go to #52**
- ☐ Other (please specify): → **Go to #53**

47. (If office or clinic-based practice)
Which of these best describes your practice setting?

- ☐ Solo practice
 - ☐ Single-specialty group practice
 - ☐ Multi-specialty group practice
 - ☐ Federally Qualified Health Center
 - ☐ Other community clinic
- **Go to #54 on page 9**

48. (If hospital, medical center, or Veterans Administration)
Which of these best describes your practice setting?

- ☐ Inpatient department
 - ☐ Outpatient department or ambulatory care center
 - ☐ Emergency department
- **Go to #54 on page 9**

49. (If long-term care or residential care facility)
Which of these best describes your practice setting?

- ☐ Nursing home
 - ☐ Assisted living community
 - ☐ Other residential care setting
- **Go to #54 on page 9**

50. (If an organization providing home health or community-based care)
Which of these best describes your practice setting?

- ☐ Program of All-Inclusive Care for the Elderly (PACE)
- ☐ Home health agency or visiting nurse service
- ☐ House call or hospital-at-home
- ☐ Other (please specify): ↘

→ **Go to #54 on page 9**

51. (If inpatient rehabilitation or treatment facility)
Which of these best describes your practice setting?

- ☐ Behavioral health inpatient facility
 - ☐ Inpatient rehabilitation facility
 - ☐ Inpatient substance abuse treatment facility
- **Go to #54 on page 9**

52. (If health plan or health insurance company)
Which of these best describes your practice setting?

- ☐ A special needs plan (e.g., ISNP or D-SNP)
 - ☐ Other health plan
- **Go to #54 on page 9**

53. (If other)
Which of these best describes your practice setting?

- ☐ Urgent care
- ☐ Correctional facility
- ☐ Telemedicine company
- ☐ Other (please specify): ↘

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

- ☐ Inpatient general medicine service
- ☐ Inpatient geriatric service
- ☐ Inpatient neurology service
- ☐ Inpatient psychiatry service
- ☐ Other inpatient department or service

(specify): ▼

- ☐ Office or clinic-based internal or family medicine practice
- ☐ Office or clinic-based geriatric practice
- ☐ Office or clinic-based neurology practice
- ☐ Office or clinic-based psychiatry practice
- ☐ Other office-based practice (specify): ▼

- ☐ Telehealth
- ☐ Nursing home
- ☐ Assisted living community
- ☐ Program of All-Inclusive Care for the Elderly
- ☐ Other long-term care setting
- ☐ Hospice
- ☐ Home health care
- ☐ Urgent care
- ☐ Other (specify): ▼

55. Do you provide primary care in your principal clinical job?

- ☐ Yes, it is my main role
- ☐ Yes, but it is not my main role
- ☐ No

56. 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?

- ☐ Yes
- ☐ No

57. Are any of your practice sites in an underserved community?

- ☐ Yes
- ☐ No

58. Is your practice affiliated with an academic health system?

- ☐ Yes
- ☐ No

59. Please enter the ZIP code in which your principal practice site is located:

ZIP Code:

60. 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.

- ☐ Less than 100
- ☐ 100-499
- ☐ 500-999
- ☐ 1,000-2,499
- ☐ 2,500-4,999
- ☐ 5,000-7,499
- ☐ 7,500-9,999
- ☐ 10,000 or more

61. 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	<input type="text"/> <input type="text"/> <input type="text"/>
b. Nurse practitioners or other advanced practice nurses	<input type="text"/> <input type="text"/> <input type="text"/>
c. Physician assistants	<input type="text"/> <input type="text"/> <input type="text"/>
d. Social workers	<input type="text"/> <input type="text"/> <input type="text"/>
e. Registered nurses	<input type="text"/> <input type="text"/> <input type="text"/>
f. Psychologists	<input type="text"/> <input type="text"/> <input type="text"/>
g. Physical, occupational, and speech therapists	<input type="text"/> <input type="text"/> <input type="text"/>
h. Pharmacists	<input type="text"/> <input type="text"/> <input type="text"/>
i. Registered dietitians	<input type="text"/> <input type="text"/> <input type="text"/>

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

- ☐ All documentation is electronic in a single EHR system
- ☐ All documentation is electronic but in multiple EHR systems
- ☐ Some documentation is electronic; some documentation is on paper
- ☐ All documentation is on paper

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).

63. 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

64. 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?	<input type="text"/> <input type="text"/> <input type="text"/> %
b. have mild cognitive impairment?	<input type="text"/> <input type="text"/> <input type="text"/> %
c. have any stage of dementia?	<input type="text"/> <input type="text"/> <input type="text"/> %
d. have advanced or severe dementia?	<input type="text"/> <input type="text"/> <input type="text"/> %
e. have serious mental illness (bipolar disorder, schizophrenia, other psychotic disorder)?	<input type="text"/> <input type="text"/> <input type="text"/> %
f. have a substance use disorder?	<input type="text"/> <input type="text"/> <input type="text"/> %
g. live in a nursing home?	<input type="text"/> <input type="text"/> <input type="text"/> %
h. live in an assisted living community?	<input type="text"/> <input type="text"/> <input type="text"/> %
i. are homebound?	<input type="text"/> <input type="text"/> <input type="text"/> %
j. are homeless or experiencing housing instability?	<input type="text"/> <input type="text"/> <input type="text"/> %
k. are uninsured?	<input type="text"/> <input type="text"/> <input type="text"/> %
l. do not speak English or have limited English proficiency?	<input type="text"/> <input type="text"/> <input type="text"/> %
m. identify as LGBTQ+?	<input type="text"/> <input type="text"/> <input type="text"/> %

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

Number of patients per day

66. How many **minutes** is your standard patient visit for each of the following?
If you do not provide a visit type, please enter 0.

	Number of minutes
a. Initial visit for a new patient without cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>
b. Initial visit for a new patient with cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>
c. Annual wellness visit for an established patient without cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>
d. Annual wellness visit for an established patient with cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>
e. Routine visit for an established patient without cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>
f. Routine visit for an established patient with cognitive impairment	<input type="text"/> <input type="text"/> <input type="text"/>

67. 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?

- ☐ Never
☐ Rarely
☐ Sometimes
☐ Often

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

- ☐ Yes
☐ No → Go to 70

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

- ☐ On-site
☐ Telephone
☐ Video
☐ Other (please specify):

PROCESS OF CARE

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).

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

- ☐ Yes
☐ No → Go to #72 on page 12

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

- ☐ <25%
☐ 25-49%
☐ 50-74%
☐ 75-100%

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

	No	Yes, occasionally	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 (<i>please specify</i>): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ I do
- ☐ Other physician, advanced practice nurse, or physician assistant
- ☐ Registered nurse or licensed practical nurse
- ☐ Social worker
- ☐ Medical assistant
- ☐ Neuropsychologist
- ☐ Other psychologist
- ☐ Other licensed health professional
- ☐ Other non-licensed staff

74. To what extent do you feel confident diagnosing:

<i>Dementia and mild cognitive impairment:</i>	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"/>

<i>Dementia subtypes:</i>	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"/>

75. 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"/>

76. 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"/>

77. 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"/>

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

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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79. Thinking of the care your practice provides, how often is each of the following provided to people with dementia?

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

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80. 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"/>

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

	<u>I am not familiar with this</u>	<u>I am familiar with this, but it is not available in my community</u>	<u>I am familiar with this, but I do not know if it is available in my community</u>	<u>I am familiar with this, and it is available in my community</u>
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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82. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Inefficient electronic health record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Difficulties communicating with patients due to language or cultural barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Financial structure does not support meeting patients' social needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Unable to bill for time spent on care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Not enough administrative support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Not enough interdisciplinary team support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Lack of appropriate specialists for timely referral of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Insurance problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Difficulty transporting patients to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Lack of community resources to support patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Lack of resources to refer for comprehensive mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Restrictions on my scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Yes, and we were awarded
- ☐ Yes, but we were not awarded
- ☐ No
- ☐ I don't know

JOB OUTCOMES

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

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

85. 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"/>

86. I feel burned out from my work:

- ☐ Never
- ☐ A few times a year or less
- ☐ Once a month or less
- ☐ A few times a month
- ☐ Once a week
- ☐ A few times a week
- ☐ Every day

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

- ☐ Yes
- ☐ No
- ☐ Undecided

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DEMOGRAPHICS

Finally, we have a few short questions which will help us ensure we received feedback from a diverse group of people.

88. What is your birth year?

Year of birth

89. Are you of Latino or Hispanic ethnicity?

Select all that apply.

- ☐ No, not Hispanic/Latino
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Caribbean
- ☐ Yes, Mexican
- ☐ Yes, other Hispanic

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

- ☐ African-American, Black, African
- ☐ American Indian, Native American, or Alaskan Native
- ☐ Asian
 - Please specify (select all that apply):
 - ☐ Filipino
 - ☐ Chinese
 - ☐ South Asian (e.g., Indian, Pakistani)
 - ☐ Southeast Asian (e.g., Vietnamese, Malaysian)
 - ☐ Other Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Middle Eastern or North African
- ☐ White or European
- ☐ Other (please specify):

91. Where were you born?

- ☐ In a US state or D.C.
(please specify):

→ Go to #95

- ☐ In a US territory
(please specify):

→ Go to #95

- ☐ Outside the United States
(please specify country):

92. 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.

Year

93. Are you a citizen of the United States?

- ☐ Yes, U.S. citizen by naturalization
- ☐ Yes, born abroad to U.S. citizen parent(s)
- ☐ No, not a U.S. citizen
- ☐ Prefer not to answer

Go to #95

94. In what year did you become a naturalized citizen?

Year

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

96. Do you think of yourself as:

- ☐ Straight or heterosexual
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Queer, pansexual, and/or questioning
- ☐ Something else (*please specify*):

- ☐ Don't know
- ☐ Prefer not to answer

97. Do you think of yourself as:

- ☐ Male/Man
- ☐ Female/Woman
- ☐ Transgender man/trans man
- ☐ Transgender woman/trans woman
- ☐ Non-binary
- ☐ Genderqueer/gender nonconforming/neither exclusively male nor female
- ☐ Another gender category or other (*please specify*):

- ☐ Prefer not to answer

98. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- ☐ Never served in the military
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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

- ☐ Yes
- ☐ No → **Go to #101**

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

- ☐ Spanish
- ☐ Hindi
- ☐ French
- ☐ Persian/Farsi
- ☐ Chinese
- ☐ Arabic
- ☐ German
- ☐ Russian
- ☐ Italian
- ☐ Hebrew
- ☐ Other language (*please specify*):

101. Do you identify as a person with a disability?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

102. 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".

- Children, age 17 or younger
- Adults, age 18-64 years
- Adults, age 65 and older

103. 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.

- ☐ Yes
- ☐ No

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THANK YOU

Thank you for participating in the National Dementia Workforce Study. We will conduct a follow-up study in 2025 and would like to invite you to participate. Learning about how your experiences change over time will help provide a better understanding of the challenges and opportunities faced by the dementia care workforce.

When we do the study next year, we would like to reach you again.

104. Please provide your first and last name so that we can contact you directly when we launch the study next year.

First Name:

Last Name:

105. What is the best address where we can send the information you will need to complete the survey next year?

Address:

City:

State:

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ZIP Code:

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106. What email address can we use to send the information you will need to complete the survey next year?

Email address:

107. What phone number can we use to send the information you will need to complete the survey next year?

						-				
Area Code			Number							

108. May we send text messages to your cell phone to contact you about the upcoming study?

- ☐ Yes
- ☐ No

109. Thank you for completing the survey. You will receive \$100 as a token of appreciation for participating in this study.

What address should we send your physical prepaid Visa gift card to?

Address:

City:

State:

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ZIP Code: _____

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We will send your incentive gift card to your address within the next 4 weeks.

110. Please return your questionnaire in the enclosed pre-addressed, postage-paid envelope or mail it to:

RTI International

Cox Building – FDC

NDWS (0219560.002.002.003)

PO Box 12194, 3040 E Cornwallis Rd

Research Triangle Park, NC 27709

**Thank you for participating in the
2024 National Dementia Workforce Study.**

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