Community Clinician
Wave 2 Survey

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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.

Informed Consent

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 10,000 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 collected information will be shared with the NIA (www.nia.nih.gov).

Your de-identified information will be used for future research studies without additional informed consent. This includes putting your de-identified data into an NIH-supported data repository for future research use.

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 currently data 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.

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. After you take the survey, we'll send you $90 in addition to the $10 included in your invitation letter.

You will receive an electronic gift card by email. You will be asked to provide an email address where your gift card will be sent. This information will be kept separate from your survey responses.

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 a 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.

I have read and understand the study consent. By clicking the "Next" button to enter the survey, **I confirm that I am 18 years or older** and am willing to voluntarily take part in this study.

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)_____

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) _____

CC8b ResidencyYear

What year did you complete your residency training?

Please enter a 4-digit year.
[   ]

CC8c FellowArea

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

CC8d FellowYear

What year did you complete your last fellowship training?

Please enter a 4-digit year.

[   ]

CC9a NPPAArea

What was the area of specialty?

_____

CC9b NPPAFellowYear

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

Please enter a 4-digit year.

[   ]

CC10 BoardCert

Are you currently certified by a professional board?

1. Yes
5. No

CC11a BoardCertPh

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): _____

CC11b BoardCertPA

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 JobsNonClinical

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 <u>non-clinical</u> 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 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.

[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?

Response should total to 100%.
[RESPONSES SHOULD TOTAL TO 100% - DYNAMIC AUTO-CALCULATION OF TOTAL]

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): _____	__ %
Total	**__ %**

[VARIABLE CODING]

a.[JobActivitiesDirect]   d.[JobActivitiesTeach]
b.[JobActivitiesIndirect]   e.[JobActivitiesResearch]
c.[JobActivitiesAdmin]   f.[JobActivititesOther]

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]

CC22a JobOffice

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

CC22b JobHospital

Which of these best describes your practice setting?

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

CC22c JobVA

Which of these best describes your practice setting?

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

CC22d JobLTC

Which of these best describes your practice setting?

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

CC22e JobOrg

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 _____

CC22f JobRehab

Which of these best describes your practice setting?

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

CC22g JobInsurance

Which of these best describes your practice setting?

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

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):_____

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

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

CC26 JobUnderserved

Are any of your practice sites in an underserved community?

1. Yes
5. No

CC27 JobAcademia

Is your practice affiliated with an academic health system?

1. Yes
5. No

CC28 JobZipCode

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

_____ 5-DIGIT ZIP CODE

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.

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 dieticians

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

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+?

[RANGE 0-100 FOR EACH ITEM]

[VARIABLE CODING]

a.[Patient65]   h.[PatientALC]
b.[PatientCog]   i.[PatientHome]
c.[PatientDementia]   j[PatientHomeless]
d.[PatientSevere]   k.[PatientUninsured]
e.[PatientMental]   l.[PatientESL]
f.[PatientSubstance]   m.[PatientLGBTQ]
g.[PatientNH]

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]

[VARIABLE CODING]   a.[MinInitial]   d.[MinAnnualCog]
                      b.[MinInitialCog]   e.[MinRoutine]
                      c.[MinAnnual]   f.[MinRoutineCog]

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

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

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

1. On-site
2. Telephone
3. Video
4. Other, please specify_____

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%

CC40a-i CognitiveAssessmentType

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)	o	o	o	o
b. Saint Louis University Mental Status (SLUMS) Examination	o	o	o	o
c. Mini-Mental State Examination (MMSE)	o	o	o	o
d. Mini-Cog	o	o	o	o
e. Clock Drawing test	o	o	o	o
f. Rowland Universal Dementia Assessment Scale (RUDAS)	o	o	o	o
g. Confusion Assessment Method (CAM)	o	o	o	o
h. Comprehensive neuropsychological testing	o	o	o	o
i. Other cognitive assessment (specify): _____	o	o	o	O

CC41 CognitiveAssessmentAdministrator

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

CC42a-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	o	o	o	o
b. Dementia in persons age 65 or older	o	o	o	o
c. Mild cognitive impairment in persons under age 65	o	o	o	o
d. Mild cognitive impairment in persons age 65 or older	o	o	o	o

[VARIABLE CODING] a.[DiagDemUnder65] c.[DiagMildUnder65]
 b.[DiagDem65] d.[DiagMild65]

DiagnoseDementia2?

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

Dementia subtypes:	Not at all confident	Not very confident	Somewhat confident	Very confident
e. Alzheimer's dementia	o	o	o	o
f. Vascular dementia	o	o	o	o
g. Parkinson's disease dementia	o	o	o	o
h. Dementia with Lewy bodies	o	o	o	o
i. Frontotemporal dementia	o	o	o	o
j. Other forms of dementia not listed above	o	o	o	o

[VARIABLE CODING]
a.[DiagAD] d.[DiagLewy]
b.[DiagVD] e.[DiagFD]
c.[DiagPD] f.[DiagOther]

CC43a-f DiagnoseTests

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	o	o	o	o
b. Plasma biomarker testing	o	o	o	o
c. Cerebrospinal fluid (CSF) biomarker testing	o	o	o	o
d. CT scan or MRI of the brain	o	o	o	o
e. PET imaging	o	o	o	o
f. Genetic testing	o	o	o	o

[VARIABLE CODING]
[TestNeuro] [TestCT]
[TestPlasma] [TestPET]
[TestCSF] f.[TestDNA]

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	o	o	o	o
b. Neuropsychologist	o	o	o	o
c. Psychiatrist or other mental health specialist	o	o	o	o
d. Geriatrician or other geriatric specialist	o	o	o	o

[VARIABLE CODING] a.[RefNeuro] c.[RefPsych]
b.[RefNeuroPsych] d.[RefGer]

CC45 ReferralsDementia

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	o	o	o	o
b. Neuropsychologist	o	o	o	o
c. Psychiatrist or other mental health specialist	o	o	o	o
d. Geriatrician or other geriatric specialist	o	o	o	o

[ALLOW ONLY ONE SELECTION FOR ALL]

[VARIABLE CODING] a.[DemRefNeuro] c.[DemRefPsych]
b.[DemRefNeuroPsych] d.[DemRefGer]

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	o	o	o	o
b. Caregiver burden assessment and referrals	o	o	o	o
c. Home safety evaluation	o	o	o	o
d. Driving safety evaluation	o	o	o	o
e. Firearm safety evaluation	o	o	o	o
f. Home care needs assessment and referrals	o	o	o	o
g. Nutrition assessment and referrals	o	o	o	o
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

	Never	Rarely	Sometimes	Routinely
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

[VARIABLE CODING]

a.[PriorityFam]   j..[PriorityLegal]   s..[PrioritySimplify]
b.[PriorityTest]   k..[PriorityAbuse]
c.[PriorityHome]   l..[PriorityFinance]
d.[PriorityDriving]   m.[PriorityNeuro]
e.[PriorityFirearm]   n.[PrioritySW]
f. [PriorityHC]   o.[PriorityNamenda]
g.[PriorityNutrition]   p.[PriorityNamenda]
h.[PriorityFunction]   q.[PriorityBiomarker]
i.[PriorityAD]   r.[PriorityBehavior]

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	o	o	o	o
b. Caregiver burden assessment and referrals	o	o	o	o
c. Home safety evaluation	o	o	o	o
d. Driving safety evaluation	o	o	o	o
e. Firearm safety evaluation	o	o	o	o
f. Home care needs assessment and referrals	o	o	o	o

g. Nutrition assessment and referrals	o	o	o	o
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

[VARIABLE CODING]

a.[ProvideFam]
b.[ProvideTest]
c.[ProvideHome]
d.[ProvideDriving]
e.[ProvideFirearm]
f.[ProvideHC]
g.[ProvideNutrition]
 h.[ProvideNutrition]

i.[ProvideAD]
j.[ProvideLegal]
k.[ProvideAbuse]
l.[ProvideFinance]
m.[ProvideNeuro]
n.[ProvideSW]
o.[ProvideNamenda]
p.[ProvideAmyloid]

q.[ProvideBiomarker]
r.[ProvideBehavior]
s.[ProvideSimplify]

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)	o	o	o	o
b. Benzodiazepines (e.g. lorazepam, clonazepam)	o	o	o	o
c. Antidepressants (e.g. citalopram, mirtazapine)	o	o	o	o
d. Anti-seizure medications (e.g. gabapentin, valproic acid)	o	o	o	o
e. Cholinesterase inhibitors (e.g. donepezil)	o	o	o	o
f. Memantine	o	o	o	o

[VARIABLE CODING]
a.[DrugPsych]
b.[DrugBenzo]
c.[DrugDepress]
d.[DrugSeizure]
e.[DrugInhibit]
f.[DrugMemantine]

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 not familiar with this	I am familiar with this, but it is not available in my community	I am familiar with this, but I do not know if it is available in my community	I am familiar with this, and it is available in my community
a. Alzheimer's Association Chapter	o	o	o	o

b. Home-delivered meals (e.g. Meals on Wheels)	o	o	o	o
c. Subsidized senior housing	o	o	o	o
d. Senior center(s)	o	o	o	o
e. Adult day program(s)	o	o	o	o
f. Program of All-Inclusive Care for the Elderly (PACE) or Living Independence for Elders (LIFE) Program	o	o	o	o
g. Free or discounted transportation for seniors	o	o	o	o
h. Support groups for people with dementia and/or their caregivers	o	o	o	o
i. Government programs that allow family caregivers to be paid	o	o	o	o
j. Case management services	o	o	o	o
k. Adult protective services	o	o	o	o
l. Free or discounted legal assistance	o	o	o	o
m. Free or discounted home modifications (e.g. ramps, safety rails)	o	o	o	o
n. Safe Return, WanderGuard, or similar programs	o	o	o	o

[VARIABLE CODING]

a.[KnowAA]
b.[KnowMeals]
c.[KnowHousing]
d.[KnowCenters]
e.[KnowPrograms]
f.[KnowPACE]
g.[KnowTransport]

h.[KnowGroups]
i.[KnowPaid]
j.[KnowCase]
k.[KnowProtective]
l.[KnowLegal]
m.[KnowHome]
n.[KnowSafe]

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	o	o	o	o
b. Lack of confidence or knowledge to provide comprehensive dementia care	o	o	o	o
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	o	o	o	o

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	o	o	o	o
b. Patient load	o	o	o	o

c. Work schedule	o	o	o	o
d. Level of autonomy	o	o	o	o
e. Salary and benefits	o	o	o	o
f. Opportunities for professional development	o	o	o	o
g. Respect from colleagues	o	o	o	o
h. Amount of administrative support	o	o	o	o
i. Input into organizational/practice policies	o	o	o	o

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

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]

[VARIABLE CODING]	[BornState] [BornTerritory]	[BornOutside]

[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 Sex

Do you think of yourself as:

1. Male

2. Female
-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	_____

[VARIABLE CODING]   [HHChildren]   [HHAdults65]
                           [HHAdults]

[RANGE 0 - 99]

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.

[ADDRESS ACQUISITION FOR LONGITUDINAL FOLLOW UP]

Contact1B

Thank you for participating in the National Dementia Workforce Study. We will conduct a follow-up 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.

Please tell us if your first and last name are correct in our records.

[NAME]

Is this information correct?

1. Yes
5. No

Contact2B

Please tell us if the address we have on file is correct so that we can send you the information you will need to complete the survey next year.

[ADDRESS 1]
[ADDRESS 2]
[CITY,] [STATE] [POSTAL CODE]

Is your address information correct?

1. Yes
5. No

Contact3B

Please tell us if the email address we have on file is correct so that we can send you the information you will need to complete the survey next year?

[EMAIL ADDRESS]

Is your email address correct?

1. Yes
5. No

Contact4C

Please tell us the phone number we have on file is correct so that we can send you the information you will need to complete the survey next year.

[Phone number]

Is your phone number correct?

1. Yes
5. No

Contact4D

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

Phone: [Open field for phone number] 10 digit phone number (9999999999)

Contact4A

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

1. Yes
5. No

Incent2

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

What email address should we use to send your electronic gift card?

[Open field to accept email address]

End

Thank you for your time. These are all the questions that we have for you today. You will receive an email from RTI-eIncentives@rti.org within 24 hours with details on how to claim your incentive.

Thank you for your participation.