

Community Clinician Wave 3 Survey

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CCIntro

Ensuring there is an effective workforce to care for the growing population of people living with dementia is perhaps the top public health challenge facing the U.S. in the coming decades. By participating in the National Dementia Workforce Study, sponsored by the National Institute on Aging, you can help us better understand the challenges and opportunities faced by health care professionals, like yourself, who provide care to people living with dementia.

The survey should take about 25 minutes to complete and you will receive [FILL] as a token of appreciation.

Thank you for participating in the National Dementia Workforce 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?

1. Physician
2. Physician assistant
3. Nurse practitioner

4. 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?

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?

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 2026]

CC5 DegreeCountry

In what country did you complete your highest clinical degree?

Please select a country.

[]

[Dropdown for countries with "United States or US territory" 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 2026]

CC8c FellowArea

[IF CC7 = YES and CC1 = PHYSICIAN]

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

1. Geriatrics

2. Geriatric Psychiatry
3. Hospice and Palliative Medicine
4. Other (specify): _____
5. Did not complete a fellowship [EXCLUSIVE - CANNOT BE SELECTED WITH OTHER RESPONSES]

[SELECT ALL THAT APPLY]

CC8d FellowYear

[IF CC7 = YES and CC1 = PHYSICIAN AND FELLOWAREA <>5]

What year did you complete your last fellowship training?

Please enter a 4-digit year.

[]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2026]

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 specialty training?

Please enter a 4-digit year.

[]

[FOUR DIGIT YEAR; MIN = 1900, MAX = CURRENT YEAR 2026]

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 (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 (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?

1. Not well prepared
 2. Somewhat prepared
 3. 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]

[VARIABLE CODING]

[PracticeFT]

[PracticePT]

Section 2: Employment Status

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."]

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]

CC20 JobSupervise

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

1. Yes
 5. No
-

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 (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]

CC23 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 (i.e., your primary work unit)?

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

[RANGE 0-999 FOR ALL]

	a.[JobNrPh]	f.[JobNrPsych]
	b.[JobNrNP]	g.[JobNrOcc]
[VARIABLE CODING]	c.[JobNrPA]	h.[JobNrPharm]
	d.[JobNrSW]	i.[JobNrDiet]
	e.[JobNrRN]	

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

[RANGE 0-1999]

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

c. _____ have any stage of dementia

d. _____ have advanced or severe dementia

g. _____ live in a nursing home

h. _____ live in an assisted living community

k. _____ are uninsured

l. _____ do not speak English or have limited English proficiency

[RANGE 0-100 FOR EACH ITEM]

[VARIABLE CODING]

a.[Patient65]

c.[PatientDementia]

d.[PatientSevere]

g.[PatientNH]

h.[PatientALC]

k.[PatientUninsured]

l.[PatientESL]

CC34PatientsDay

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

[ALLOW ONLY ONE SELECTION]

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]

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)	<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"/>
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]

[VARIABLE CODING]

a.[CogMoCA]	
b.[CogSLUMS]	
c.[CogMMSE]	h.[CogCNT]
d.[CogMiniCog]	i.[CogOther]
e.[CogClock]	

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

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
k. Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Mild cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

k. [DiagDem]

l. [DiagMildCog]

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	<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"/>

[VARIABLE CODING]

a.[DiagAD]

b.[DiagVD]

c.[DiagPD]

d.[DiagLewy]

e.[DiagFD]

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	<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"/>

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

[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	<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"/>

	a.[ProvideFam]	i.[ProvideAD]	q.[ProvideBiomarker]
	b.[ProvideTest]	j.[ProvideLegal]	r.[ProvideBehavior]
	c.[ProvideHome]	k.[ProvideAbuse]	s.[ProvideSimplify]
[VARIABLE CODING]	d.[ProvideDriving]	l.[ProvideFinance]	
	e.[ProvideFirearm]	m.[ProvideNeuro]	
	f.[ProvideHC]	n.[ProvideSW]	
	g.[ProvideNutrition]	o.[ProvideNamenda]	
	h.[ProvideNutrition]	p.[ProvideAmyloid]	

CC301 DrugEffectiveness a-f

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

	Never effective	Rarely effective	Sometimes effective	Often effective
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"/>

[VARIABLE CODING] a.[DrugEffectivePsych] d.[DrugEffectiveSeizure]
b.[DrugEffectiveBenzo] e.[DrugEffectiveInhibit]
c.[DrugEffectiveDepress] f.[DrugEffectiveMemantine]

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	<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"/>

[VARIABLE CODING]

a.[KnowAA]	h.[KnowGroups]
b.[KnowMeals]	i.[KnowPaid]
c.[KnowHousing]	j.[KnowCase]
d.[KnowCenters]	k.[KnowProtective]
e.[KnowPrograms]	l.[KnowLegal]
f.[KnowPACE]	m.[KnowHome]
g.[KnowTransport]	n.[KnowSafe]

CC302 Biomarkers

To what extent do you agree or disagree with each of the following statements regarding the use of blood-based biomarkers in the diagnosis of Alzheimer's disease:

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not sure
a. I know enough about blood biomarkers to discuss their risks and benefits with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CC304 Anti-amyloid2

If you had an eligible patient with Alzheimer's disease who wished to receive anti-amyloid medications (i.e., lecanemab, donanemab), how would you go about getting them that medication?

Select the best option.

1. I can prescribe the medication.
2. I know where to refer patients to receive the medication.
3. I have no pathway to help a patient obtain access to these medications.
9. I don't know

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	<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"/>
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"/>

[VARIABLE CODING] a.[InterfereTime] k.[InterfereInsurance]
 b.[InterfereConfidence] g.[InterfereBilling] l.[InterfereTransport]
 c.[InterfereRecords] h.[InterfereAdmin] m.[InterfereCommunity]
 d.[InterfereEHR] i.[InterfereTeam] n.[InterfereResource]
 e.[InterfereLanguage] j.[InterfereSpecial] o.[InterfereScope]

CC308 GUIDE Participate

Do you or your practice participate in a Guiding an Improved Dementia Experience (GUIDE) program?

- 1. Yes
- 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

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]

Section 7: Demographics

The questions in this final section help us learn a little bit more about who is participating in NDWS. After this last section, we will confirm your address and email 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 [EXCLUSIVE - CANNOT BE SELECTED WITH OTHER OPTIONS]
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]

[BornOutside]

[BornTerritory]

[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, gay or bisexual (LGB+)
- 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 U.S. 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 (specify): _____ prefer

[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]

[RANGE 0 - 99]

CC305 MarriageStatus

Are you now...?

1. Married or living with a partner
2. Widowed
3. Separated or Divorced
4. Never married

CC71 FamDisability

Do you provide care for any adult family members who need help because of a chronic condition or disability?

Do not include paid positions that you reported earlier in the survey.

1. Yes, on a daily basis
2. Yes, several days per week
3. Yes, several days per month
5. No

CC306 HealthOver

Would you say that, in general, your health is ...?

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

CC307 HouseholdIncome

Which category best describes how much income your total household received last year? This is the before-tax income of all persons living in your household:

1. \$50,000 - \$74,999
2. \$75,000 - \$99,999
3. \$100,000 - \$149,999
4. \$150,000 - \$199,999
5. \$200,000 - \$249,999
6. \$250,000 - \$299,999
7. \$300,000 - \$349,999
8. \$350,000 or more

Thank you for participating in the National Dementia Workforce Study. We would like to contact you in the future for follow-up studies. 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.

[CONFIRM / COLLECT first & last name, address, email, phone information]