

“Changing the Focus” project-Baseline (First home visit)

This is the baseline assessment which occurs at the first home visit. Please follow the following steps:

Step 1: Additional screening to check for eligibility

Perform a MMSE cognitive screen

- If score less than 18, exclude from participation in the study regardless of whether they have or have not been diagnosed with dementia (study is targeting people with mild dementia only). Please let Angel Lee know.
- For people with diagnosed dementia, include if score ≥ 18 , and proceed with the subsequent steps
- For people without diagnosed dementia, include if score $\geq 18-23$, and proceed with the subsequent steps

Step 2: Complete consent process and obtain written consent

- Go through the explanatory statement with the person (and the carer if applicable)
- Apply cognitive check list to determine the person’s capacity to consent
 - If able to give consent, proceed with signing the consent form (2 copies, one for the person and one for the researcher to keep)
 - If not able to give consent, ask if they have an Enduring Power of Attorney (EPOA), if so, the EPOA would give consent on their behalf. If no EPOA, then the next of kin would give consent on their behalf. They would sign the consent forms on the person’s behalf.
- If the person has a carer participating in the study, they need to sign a “consent form for carers” for their involvement in the study

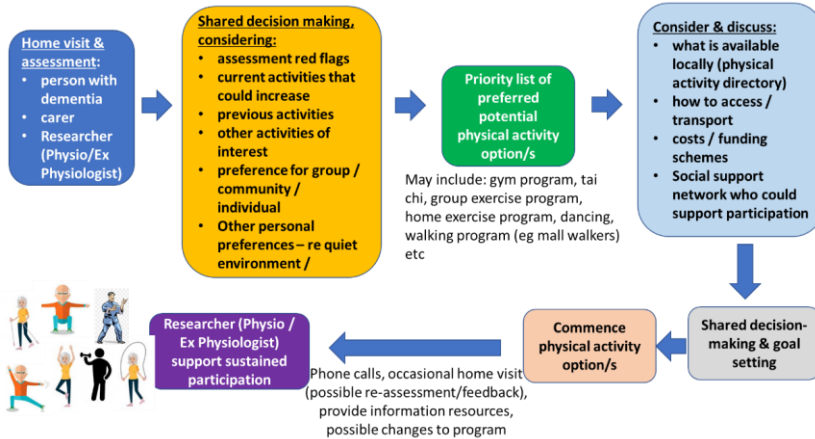
Step 3: Conduct the following assessments after the consent process is completed

Assessments for the person:

- Demographics (interview the person with dementia or cognitive impairment +/- informal carer if applicable)
- Outcome measures:
 - [The Active Australia Survey](#)
 - Life space (LSA-CI)
 - Dynamic balance (Step test)
 - Endurance (2 minute walk test)
 - Leg strength (30 second sit to stand test)
 - Mobility (TUG test)
 - Social connectedness (Lubben Social Network Scale-6)
 - Physical activity enjoyment (Physical Activity Enjoyment Scale-8)
 - Katz ADL index
 - Quality of life (EQ5D-5L)
 - Impact on carers (Zarit Carer Burden Scale)
 - Cost data

Step 4: Engage in shared-decision making process regarding physical activity options

Changing the focus physical activity program steps to implement preferred physical activities



- Refer to the decision support tool
- Provide and discuss information brochure on physical activity for people with dementia
- Discuss physical activity options based on the person’s physical assessment findings, interests and goals
- Use the physical activity guide (Frankston and Morning Peninsula) for programs
- Decide on a program or programs to participate in
- Check with the person if they need the physio to book them into the program or they would do it themselves (need to do within 1-2 days and physio to follow up with the person on the start date of participation in the program)
- Explain the goal of physical activity progression to the recommended physical activity guideline (150 minutes per week) during the 12 month project by gradual increment of 10-20% exercise duration each month or slower/faster depending on how the exercise dose is tolerated

Step 5: Give out physical activity and falls diary and instructions

- Instruct the person and the carer (if available) how to fill this in
- Check at each phone call, the person is filling in the diary and know how to fill it in correctly
- Collect this diary at each phone call (e.g. by SMS or What’s app of photos of pages in the diary) and at the second, third and fourth home visit
- If the participant withdraw halfway through the study, arrange with the person to send the diary to you (postage or what’s app or pick up). Please let Angel Lee know and organise to do an exit interview (if they provided consent for the interview)

Step 6: Make the second home visit appointment (three weeks from baseline i.e. the intended program must start in the time between baseline and before week 3)

Step 7: Explain the frequency of home visits (week 3, 26 and 52) and phone calls (week 2, 6, 9, 12, 16, 20, 24) during the 12-month project

Step 8: Enter the data collected in this paper survey and give it to Dr Angel Lee for data entry into a data file. Keep the paper survey in case of queries.

Section 1: Demographics of the person with dementia or cognitive impairment

1. Please enter the ID of the person with dementia or cognitive impairment (using initials and date of birth). For example John Smith, date of birth 14/2/1950 will be JS14021950

2. Record the date of this home visit. For example 3/1/2021 will be 03012021

3. What is the age of the person with dementia or cognitive impairment? (please enter in years)

4. What is the gender of the person with dementia or cognitive impairment?

- Male
- Female
- Non-binary/gender diverse
- My gender identity isn't listed. I identify as: _____
- Prefer not to say

5. Was the person formally diagnosed with dementia?

- Yes
- No

6. What type of dementia was the person diagnosed with?

- Alzheimer's Disease
- Vascular dementia
- Lewy Body dementia
- Other dementia, please state _____
- Don't know/cannot remember
- The person has not been formally diagnosed with dementia (but meets the protocol definitions of having cognitive impairment)

7. For how many years has the person been living with dementia (if the person was diagnosed with dementia)? Leave blank if has not been formally diagnosed

8. Who does the person with dementia or cognitive impairment live with? (Select all that apply)

- Spouse/partner
- Children
- Other relatives
- Friend(s)
- Lives alone

9. What is the highest level of education of the person?

- Primary school/Junior high school (Year 8 or below)
- High school
- University or above

10. What medical history does the person with dementia or cognitive impairment have? (Select all that apply)

- Anxiety
- Arthritis
- Cancer
- Depression
- Diabetes
- Heart disease
- Kidney disease/renal failure
- Lung disease/respiratory disease
- Other neurological disease
- Parkinson's disease
- Stroke
- Visual impairment that are not correctable by glasses e.g. macula degeneration, glaucoma
- Other, please state _____

11. Can the person with dementia or cognitive impairment move around their home (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

12. Can the person with dementia or cognitive impairment move outside their home (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

13. Can the person with dementia or cognitive impairment walk up and down at least 3 stairs without a handrail or assistance from someone else (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

14. Can the person with dementia or cognitive impairment bend and pick up an object from the floor without assistance from someone else (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

15. Does the person use a walking aid for walking indoors regularly?

- Yes
- No

16. Does the person use a walking aid for walking outdoors regularly?

- Yes
- No

17. Did the person with dementia or cognitive impairment fall in the past 6 months?

A fall is defined as inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects.

Please enter the number of falls i.e. 0 for no falls, 1 for 1 fall etc. Leave blank if unknown/cannot remember.

18. List the injuries (if any) as a result of the above fall(s) if they fell in the past 6 months?

Fall 1 injury: _____

Fall 2 injury: _____

Fall 3 injury: _____

Fall 4 injury: _____

Fall 5 injury: _____

Fall 6 injury: _____

Fall 7 injury: _____

Fall 8 injury: _____

Additional falls with injury: _____

Section 2: Demographics of the carer (if applicable)

Please fill this section in **only** if the person with dementia or cognitive impairment has a carer who is also participating in the study. Otherwise skip to the section 3.

1. What is the age of the carer? (please enter in years)

2. What is the gender of the person with dementia or cognitive impairment?

- Male
- Female
- Non-binary/gender diverse
- My gender identity isn't listed. I identify as: _____
- Prefer not to say

3. What is your relationship to the person you provide care for? Are they your:

Spouse/Partner

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- Mother
- Father
- Daughter
- Son
- Friend
- Neighbour
- Other. Please specify. _____

4. Does the person you provide care for live with you?

- Yes
- No

5. How long (in years) have you been caring for the person?

6. Have you assisted the person to take part in a regular (i.e. weekly) physical activity program before?

- Yes. What program and what help did you provide?

- No

7. Conduct the EQ-5D-5L health-related quality of life scale for the carer.

Mobility code is: _____

Self-care code is: _____

Usual activities code is _____

Pain/discomfort code is: _____

Anxiety/depression code is: _____

Section 3: Outcome measures (for the person with dementia or cognitive impairment)

Please refer to the physio protocol for the following assessments and scoring methods:

1. Complete the Active Australia Survey (if last week was atypical, think about the most recent typical week in the preceding month). Enter all answers as a whole number.

- In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? _____ times

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- What do you estimate was the total time that you spent walking in this way in the last week? _____ minutes
- In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant? _____ times
- What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week? _____ minutes
- In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis) _____ times
- What do you estimate was the total time that you spent doing this vigorous physical activity in the last week? _____ minutes
- In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g. gentle swimming, social tennis, golf) _____ times
- What do you estimate was the total time that you spent doing these activities in the last week? _____ minutes

2. Complete the Life Space Assessment-Cognitive Impairment (LSA-CI) questionnaire

Level 1 score is: _____

Level 2 score is: _____

Level 3 score: _____

Level 4 score is: _____

Level 5 score is: _____

Composite score (add level 1 to level 5 score) is: _____

3. Perform a Step Test for dynamic balance. The score for the number of steps completed in the 15-second period for each leg is:

L leg stepping: _____ steps

R leg stepping: _____ steps

For the analysis, worst score between the two scores will be used.

4. Perform a 2-min walk test. The distance walked over 2 minutes is: _____ m

Gait aid used (if possible use the same gait aid as in initial test): _____

5. Perform a 30 second sit to stand test. The number of stands the participant can complete in 30 seconds is _____

Deleted: 1. Complete the Incidental and Planned Exercise Questionnaire-WA (IPEQ-WA) ¶
The **total** physical activity score (calculate using the formula) is: _____ ¶
The physical activity **subscores** (calculate using each formulae) for: ¶
Incidental activity is: _____ ¶
Walking activity is: _____ ¶
Planned activity is: _____ ¶
Planned walking activities is: _____ ¶
Planned exercise is: _____ ¶

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6. Perform a Timed Up and Go Test. The time required is _____seconds (2 decimal places)

Gait aid used (if possible use the same gait aid as in initial test): _____

7. What is the MMSE score from the eligibility screen today?

The total score is _____ (out of 30)

8. Perform the Lubben Social Network Scale-6 (LSNS-6). The total sum of all items is: _____

9. Perform the Physical Activity Enjoyment Scale-8. The score is: _____

10. Perform the KATZ Activity of Daily Living Index. Score each item.

Bathing: _____

Dressing: _____

Toileting: _____

Transferring: _____

Continence: _____

Feeding: _____

Total points: _____

11. Conduct the Zarit Carer Burden Scale. The total score is: _____

12. Conduct the EQ-5D-5L health-related quality of life scale for the **person with dementia/cognitive impairment**.

Mobility code is: _____

Self-care code is: _____

Usual activities code is _____

Pain/discomfort code is: _____

Anxiety/depression code is: _____

13. Think back to the last 6 months, have you used the following health services over the last 6 months and how many times?

- Emergency department: Yes/No (please circle). If yes, how many times? _____
- Hospital (same day and days spent overnight): Yes/No (please circle). If yes, the total days are _____
- GP: Yes/No (please circle). If yes, how many times? _____
- Specialist doctor: Yes/No (please circle). If yes, how many times? _____
- Nurse: Yes/No (please circle). If yes, how many times? _____
- Home care: Yes/No (please circle). If yes, how many times? _____
- Physio: Yes/No (please circle). If yes, how many times? _____
- Occupational therapy: Yes/No (please circle). If yes, how many times? _____
- Other allied health (e.g. podiatry, dietician): Yes/No (please circle). If yes, how many times? _____
- Complementary therapy (e.g. acupuncture, naturopath): Yes/No (please circle). If yes, how many times? _____
- Ambulance: Yes/No (please circle). If yes, how many times? _____
- Pathology (e.g. blood tests) Yes/No (please circle). If yes, how many times? _____
- Imaging: Yes/No (please circle). If yes, how many times? _____
- Oncology (treatments e.g. chemotherapy, radiotherapy): Yes/No (please circle). If yes, how many times? _____
- Mental Health services: Yes/No. If yes, how many times? _____
- Assistive technology (any device, equipment, gadget that helps to bridge gaps in a person's ability to live the full, independent and fulfilling life they want to): Yes/No (please circle). If yes, how many types? _____

14. Think back to the last 6 months, have you used medications over the last 6 months (including how many types)?

- Prescribed medication: Yes/No (please circle). If yes, how many? _____
- Over the counter medication: Yes/No (please circle). If yes, how many? _____
- Supplementary Medication: Yes/No (please circle). If yes, how many? _____

15. Think back to the last 6 months,

- On average, each week, how many **hours** of care do you receive from your loved ones? _____
- On average, each week, how many **hours** of care do you receive from paid carers? _____

16. Think back to the last 6 months,

- What physical activity programs were you attending? _____

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- How much time on average, each week was spent at appointments that are **related** to attending physical activity programs? _____
- How much time on average, each week, was spent in travel that is related to attending physical activity programs? _____
- Did a carer help you with the travel? Yes/No (please circle)
- How much did you spend, on average, each week, attending physical activity programs (e.g. gym memberships, attendance fees)? _____
- How many **paid** work hours, on average per week are worked (number of paid worked hours may be 0)?
 - If there are hours noted above ask: In addition to your paid hours worked, do you miss out on **additional paid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
 - If there are no hours noted above ask: Do you miss out on **paid work** due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
- How many **unpaid** (volunteer) work hours, on average per week are worked (number of unpaid worked hours may be 0)?
 - If there are hours noted above ask: In addition to your **unpaid** hours worked, do you miss out on additional **unpaid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
 - If there are no hours noted above ask: Do you miss out on **unpaid work** due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

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Moved up [1]: <#>How many paid work hours, on average per week are worked (number of paid worked hours may be 0)? _____¶

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Moved (insertion) [2]

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Did you miss out on un-paid work due to attending physical activity programs? Yes/No (please circle). If yes, how many hours, on average per week are forgone? _____¶

Moved up [2]: <#>How many unpaid work hours, on average per week are worked (number of un-paid worked hours may be 0)? _____¶

17. Think back to the last 6 months for your favourite leisure activity number 1:

- What was your favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

18. Think back to the last 6 months for your favourite leisure activity number 2:

- What was your **second** favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

19. Think back to the last 6 months for your favourite leisure activity number 3:

- What was your **third** favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

Section 4. Outcome of the shared decision making process

1. What type and amount of physical activity **per week** do they currently do?

Physical activity 1

Type: _____

Amount: _____ minutes per week

Physical activity 2

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Type: _____

Amount: _____ minutes per week

Physical activity 3

Type: _____

Amount: _____ minutes per week

Physical activity 4

Type: _____

Amount: _____ minutes per week

Physical activity 5

Type: _____

Amount: _____ minutes per week

2. Do they want to continue with the above activities?

- Yes. Which activity do they want to continue doing? _____
- No.

We can add to or change some of what the person has been doing before starting in this study.

3. What physical activity program(s) has the person (and/or the carer if applicable) decided in taking part in (include details of any referral needed, location of program, other details as required)?

Physical activity program 1: _____

Detail: _____

Physical activity program 2: _____

Detail: _____

Physical activity program 3: _____

Detail: _____

Physical activity program 4: _____

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Detail: _____

Physical activity program 5: _____

Detail: _____

4. The start date of the program(s) is: (For example 3/1/2021 will be 03012021).

There can be more than one program. If more than one, programs may start at the same time, or staggered in starting, to allow the person to become familiar with one new arrangement before starting a second one.

Physical activity program 1: _____

Physical activity program 2: _____

Physical activity program 3: _____

Physical activity program 4: _____

Physical activity program 5: _____

5. What is the physical activity goal of the person?

6. From the shared decision making process, please list the key factors for this person and their carer (if applicable) that influenced the choices.

You may need to refer to this list as the project goes on if they want to change / not enjoying the selected program(s) later on.

Factor 1: _____

Factor 2: _____

Factor 3: _____

Factor 4: _____

Factor 5: _____

Additional factor(s): _____

Check all steps are completed before leaving the person's home

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“Changing the Focus” project-6 month survey (Third home visit)

This is the second assessment which occurs at the **Third** home visit. Please follow the following steps:

Step 1: Conduct the following assessments

Assessments for the person:

- Outcome measures:
 - [The Active Australia Survey](#)
 - Life space (LSA-CI)
 - Dynamic balance (Step test)
 - Endurance (2 minute walk test)
 - Leg strength (30 second sit to stand test)
 - Mobility (TUG test)
 - Cognition (MMSE)
 - Social connectedness (Lubben Social Network Scale-6)
 - Physical activity enjoyment (Physical Activity Enjoyment Scale-8)
 - KATZ ADL Index
 - Quality of life (EQ5D-5L)
 - Impact on carers (Zarit Carer Burden Scale)
 - Cost data

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Step 2: Discuss participation level, barriers to and facilitators of physical activity participation and maintenance of physical activity options

- Refer to the person’s set goal
- Discuss physical activity options chosen e.g. check participation level, ease and difficulty in participation
- Help with trouble shooting to ensure ongoing physical activity participation
- Check if the options are still working for the person (and carer) and meeting their goal. If not, repeat the shared decision making process and determine new options.
- Coaching for progression of physical activity duration each month by 10-20% to reach 150 minutes of physical activity/week by month 12 or slower/faster depending on how the exercise dose is tolerated.

Step 3: Collect data from the person’s physical activity and falls diary

- Check the person (or the carer) is filling in the diary and know how to fill it in correctly
- Collect this diary at each phone call (e.g. by SMS or What’s app of photos of pages in the diary) and at the second, third and fourth home visit
- If the participant withdraw halfway through the study, arrange with the person to send the diary to you (postage or what’s app or pick up). Please let Angel Lee know and organise to do an exit interview (if they provided consent for the interview)

Step 4: Explain the frequency of home visits (one visit at week 52 remaining)

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Step 5: Make the fourth home visit appointment (six months from this visit, at the end of Month 12)

V2_Changing the Focus-6 month survey (third home visit) [29.1.2024](#)

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Step 6: Enter the data collected in this paper survey and give it to Dr Angel Lee for data entry into a data file. Keep the paper survey in case of queries.

Step 7: Enter the physical activity and falls diary data into a shared Google file (excel spreadsheet). You will do this data entry (after leaving the person's home).

Section 1: Demographics of the person with dementia or cognitive impairment

1. Please enter the ID of the person with dementia or cognitive impairment (using initials and date of birth). For example John Smith, date of birth 14/2/1950 will be JS14021950

2. Record the date of this home visit. For example 3/1/2021 will be 03012021

3. Can the person with dementia or cognitive impairment move around their home (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

4. Can the person with dementia or cognitive impairment move outside their home (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

5. Can the person with dementia or cognitive impairment walk up and down at least 3 stairs without a handrail or assistance from someone else (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

6. Can the person with dementia or cognitive impairment bend and pick up an object from the floor without assistance from someone else (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

7. Does the person use a walking aid for walking indoors regularly?

- Yes
- No

8. Does the person use a walking aid for walking outdoors regularly?

- Yes
- No

9. Did the person with dementia or cognitive impairment fall in the past 6 months?

A fall is defined as inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects.

Please enter the number of falls i.e. 0 for no falls, 1 for 1 fall etc. Leave blank if unknown/cannot remember.

10. List the injuries (if any) as a result of the above fall(s) if they fell in the past 6 months?

Fall 1 injury: _____

Fall 2 injury: _____

Fall 3 injury: _____

Fall 4 injury: _____

Fall 5 injury: _____

Fall 6 injury: _____

Fall 7 injury: _____

Fall 8 injury: _____

Additional falls with injury: _____

11. If the person has a carer who is participating in the study, conduct the EQ-5D-5L health-related quality of life scale for the **carer**. Otherwise, skip to Section 2.

Mobility code is: _____

Self-care code is: _____

Usual activities code is _____

Pain/discomfort code is: _____

Anxiety/depression code is: _____

Section 2: Physical activity participation

1. What physical activity program(s) is the person undertaking?

2. Is this the same physical activity program(s) as the ones that were chosen at the first home visit?

- Yes
- No. Please explain why / changes? _____

3. At the start of the study, you (and your carer) have set a goal of "XXXXXX". Some people may struggle with achieving their goals for a variety of reasons, including sometimes that they may be busy, and the people they rely on to help them to do it are also busy.

"What is important is if people have not achieved their goals, that we discuss why the goal hasn't been achieved, and whether anything can be changed to help to meet the goal. Or alternatively, there may be a need to consider changing the goal.

Please explain the things that may have affected you from achieving your goals if it is applicable to you (verify with carer's report if appropriate).

4. Were you able to achieve the goal that was set? (verify with carer's report if applicable)

- Much less than expected
- Less than expected
- Goal (expected level)
- Better than expected
- Much better than expected

Section 3: Outcome measures (for the person with dementia or cognitive assessment)

Please refer to the physio protocol for the following assessments and scoring methods:

1. Complete the Active Australia Survey (if last week was atypical, think about the most recent typical week in the preceding month). Enter all answers as a whole number.

- In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? _____ times
- What do you estimate was the total time that you spent walking in this way in the last week? _____ minutes
- In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant? _____ times
- What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week? _____ minutes
- In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis) _____ times
- What do you estimate was the total time that you spent doing this vigorous physical activity in the last week? _____ minutes

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- In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g. gentle swimming, social tennis, golf) _____ times
- What do you estimate was the total time that you spent doing these activities in the last week? _____ minutes

Deleted: 1. Complete the Incidental and Planned Exercise Questionnaire-WA (IPEQ-WA) ¶
The total physical activity score (calculate using the formula) is: _____ ¶
The physical activity subscores (calculate using each formulae) for: ¶
Incidental activity is: _____ ¶
Walking activity is: _____ ¶
Planned activity is: _____ ¶
Planned walking activities is: _____ ¶
Planned exercise is: _____ ¶

2. Complete the Life Space Assessment-Cognitive Impairment (LSA-CI) questionnaire

Level 1 score is: _____

Level 2 score is: _____

Level 3 score: _____

Level 4 score is: _____

Level 5 score is: _____

Composite score (add level 1 to level 5 score) is: _____

3. Perform a Step Test for dynamic balance. The score for the number of steps completed in the 15-second period for each leg is:

L leg stepping: _____ steps

R leg stepping: _____ steps

For the analysis, worst score between the two scores will be used.

4. Perform a 2-min walk test. The distance walked over 2 minutes is: _____ m

Gait aid used (if possible use the same gait aid as in initial test): _____

5. Perform a 30 second sit to stand test. The number of stands the participant can complete in 30 seconds is _____

6. Perform a Timed up and Go Test. The time required is _____ seconds (2 decimal places)

Gait aid used (if possible use the same gait aid as in initial test): _____

7. Perform the MMSE cognitive test. The total score is _____ (out of 30)

8. Perform the Lubben Social Network Scale-6 (LSNS-6). The total sum of all items is: _____

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9. Perform the Physical Activity Enjoyment Scale-8. The score is: _____

10. Perform the KATZ Activity of Daily Living Index. Score each item.

Bathing: _____

Dressing: _____

Toileting: _____

Transferring: _____

Continence: _____

Feeding: _____

Total points: _____

11. Conduct the Zarit Carer Burden Scale. The total score is: _____

12. Conduct the EQ-5D-5L health-related quality of life scale for the **person with dementia/cognitive impairment**.

Mobility code is: _____

Self-care code is: _____

Usual activities code is _____

Pain/discomfort code is: _____

Anxiety/depression code is: _____

13. Think back to the last 6 months, have you used the following health services over the last 6 months and how many times?

- Emergency department: Yes/No (please circle). If yes, how many times? _____
- Hospital (same day and days spent overnight): Yes/No (please circle). If yes, the total days are _____
- GP: Yes/No (please circle). If yes, how many times? _____
- Specialist doctor: Yes/No (please circle). If yes, how many times? _____
- Nurse: Yes/No (please circle). If yes, how many times? _____
- Home care: Yes/No (please circle). If yes, how many times? _____
- Physio: Yes/No (please circle). If yes, how many times? _____
- Occupational therapy: Yes/No (please circle). If yes, how many times? _____
- Other allied health (e.g. podiatry, dietician): Yes/No (please circle). If yes, how many times? _____

- Complementary therapy (e.g. acupuncture, naturopath): Yes/No (please circle). If yes, how many times? _____
- Ambulance: Yes/No (please circle). If yes, how many times? _____
- Pathology (e.g. blood tests) Yes/No (please circle). If yes, how many times? _____
- Imaging: Yes/No (please circle). If yes, how many times? _____
- Oncology (treatments e.g. chemotherapy, radiotherapy): Yes/No (please circle). If yes, how many times? _____
- Mental Health services: Yes/No. If yes, how many times? _____
- Assistive technology (any device, equipment, gadget that helps to bridge gaps in a person's ability to live the full, independent and fulfilling life they want to): Yes/No (please circle). If yes, how many types? _____

14. Think back to the last 6 months, have you used medications over the last 6 months (including how many types)?

- Prescribed medication: Yes/No (please circle). If yes, how many? _____
- Over the counter medication: Yes/No (please circle). If yes, how many? _____
- Supplementary Medication: Yes/No (please circle). If yes, how many? _____

15. Think back to the last 6 months,

- On average, each week, how many **hours** of care do you receive from your loved ones? _____
- On average, each week, how many **hours** of care do you receive from paid carers? _____

16. Think back to the last 6 months,

- What physical activity programs were you attending? _____
- How much time on average, each week was spent at appointments that are **related** to attending physical activity programs?

- How much time on average, each week, was spent in travel that is related to attending physical activity programs? _____
- Did a carer help you with the travel? Yes/No (please circle)
- How much did you spend, on average, each week, attending physical activity programs (e.g. gym memberships, attendance fees)? _____
- How many **paid** work hours, on average per week are worked (number of paid worked hours may be 0)? _____
 - o If there are hours noted above ask: In addition to your paid hours worked, do you miss out on additional **paid** work due to attending physical activity programs?

Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

o If there are no hours noted above ask: Do you miss out on **paid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

• How many **unpaid** (volunteer) work hours, on average per week are worked (number of unpaid worked hours may be 0)?

o If there are hours noted above ask: In addition to your **unpaid** hours worked, do you miss out on additional **unpaid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

o If there are no hours noted above ask: Do you miss out on **unpaid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

17. Think back to the last 6 months for your favourite leisure activity number 1:

- What was your favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - o If not, how many hours per week did you actually spend on this leisure activity? _____
 - o If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - o Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

18. Think back to the last 6 months for your favourite leisure activity number 2:

- What was your **second** favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - o If not, how many hours per week did you actually spend on this leisure activity? _____
 - o If not, what stopped you from spending your ideal amount of time on this leisure activity? _____

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How many paid work hours, on average per week are worked (number of paid worked hours may be 0)? _____¶
Did you miss out on un-paid work due to attending physical activity programs? Yes/No (please circle). If yes, how many hours, on average per week are forgone? _____¶
How many unpaid work hours, on average per week are worked (number of un-paid worked hours may be 0)? _____¶

- Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

19. Think back to the last 6 months for your favourite leisure activity number 3:

- What was your **third** favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____

 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

Section 4: Program acceptability

For the person with dementia or cognitive impairment

1. Is the "Changing the Focus" program suitable for you?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

2. Is the "Changing the Focus" program adequate to meet your needs?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

For the carer (if applicable)

1. Is the "Changing the Focus" program suitable for you as a carer?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

2. Is the "Changing the Focus" program adequate to meet your needs as a carer?

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- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

Check all steps are completed before leaving the person's home

V2_Changing the Focus-12 month survey (Fourth home visit) [29.1.2024](#)

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“Changing the Focus” project-12 month survey (fourth home visit)

This is the third assessment which occurs at the **fourth** home visit (at program completion). Please follow the following steps:

Step 1: Conduct the following assessments

Assessments for the person:

- Outcome measures:
 - [The Active Australia Survey](#)
 - Life space (LSA-CI)
 - Dynamic balance (Step test)
 - Endurance (2 minute walk test)
 - Leg strength (30 second sit to stand test)
 - Mobility (TUG test)
 - Cognition (MMSE)
 - Social connectedness (Lubben Social Network Scale-6)
 - Physical activity enjoyment (Physical Activity Enjoyment Scale-8)
 - KATZ ADL Index
 - Quality of life (EQ5D-5L)
 - Impact on carers (Zarit Carer Burden Scale)
 - Cost data

Deleted: <#>Physical activity (IPEQ-WA)¶

Step 2: Collect data from the person’s physical activity and falls diary

- Collect this diary from the person or carer

Step 3: Enter the data collected in this paper survey and give it to Dr Angel Lee for data entry into a data file. Keep the paper survey in case of queries.

Step 4: Enter the physical activity and falls diary data into a shared Google file (excel spreadsheet). You will do this data entry (after leaving the person’s home).

Section 1: Demographics of the person with dementia or cognitive impairment

1. Please enter the ID of the person with dementia or cognitive impairment (using initials and date of birth). For example John Smith, date of birth 14/2/1950 will be JS14021950

2. Record the date of this home visit. For example 3/1/2021 will be 03012021

3. Can the person with dementia or cognitive impairment move around their home (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

4. Can the person with dementia or cognitive impairment move outside their home (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

5. Can the person with dementia or cognitive impairment walk up and down at least 3 stairs without a handrail or assistance from someone else (self or carer report)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

6. Can the person with dementia or cognitive impairment bend and pick up an object from the floor without assistance from someone else (observe)?

- can do without difficulty / are steady
- can do but with difficulty / some unsteadiness
- cannot do without assistance from someone else

7. Does the person use a walking aid for walking indoors regularly?

- Yes
- No

8. Does the person use a walking aid for walking outdoors regularly?

- Yes
- No

9. Did the person with dementia or cognitive impairment fall in the past 6 months?

A fall is defined as inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects.

Please enter the number of falls i.e. 0 for no falls, 1 for 1 fall etc. Leave blank if unknown/cannot remember.

10. List the injuries (if any) as a result of the above fall(s) if they fell in the past 6 months?

Fall 1 injury: _____

Fall 2 injury: _____

Fall 3 injury: _____

Fall 4 injury: _____

Fall 5 injury: _____

Fall 6 injury: _____

Fall 7 injury: _____

Fall 8 injury: _____

Additional falls with injury: _____

11. If the person has a carer who is participating in the study, conduct the EQ-5D-5L health-related quality of life scale for the **carer**. Otherwise, skip to Section 2.

Mobility code is: _____

Self-care code is: _____

Usual activities code is _____

Pain/discomfort code is: _____

Anxiety/depression code is: _____

Section 2: Physical activity participation

1. What physical activity program(s) is the person undertaking?

2. Is this the same physical activity program(s) as the ones that the person was doing at the last assessment (i.e. at the third home visit)?

- Yes
 - No. Please explain why / changes? _____
-

3. At the start of the study, you (and your carer) have set a goal of "XXXXXX". Some people may struggle with achieving their goals for a variety of reasons, including sometimes that they may be busy, and the people they rely on to help them to do it are also busy.

"What is important is if people have not achieved their goals, that we discuss why the goal hasn't been achieved, and whether anything can be changed to help to meet the goal. Or alternatively, there may be a need to consider changing the goal.

Please explain the things that may have affected you from achieving your goals if it is applicable to you (verify with carer's report if appropriate).

4. Were you able to achieve the goal that was set? (verify with carer's report if applicable)

- Much less than expected
- Less than expected
- Goal (expected level)
- Better than expected
- Much better than expected

Section 3: Outcome measures (for the person with dementia or cognitive assessment)

Please refer to the physio protocol for the following assessments and scoring methods:

1. Complete the Active Australia Survey (if last week was atypical, think about the most recent typical week in the preceding month). Enter all answers as a whole number.

- In the last week, how many times have you walked continuously, for at least 10 minutes, for recreation, exercise or to get to or from places? _____ times
- What do you estimate was the total time that you spent walking in this way in the last week? _____ minutes
- In the last week, how many times did you do any vigorous gardening or heavy work around the yard, which made you breathe harder or puff and pant? _____ times

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- What do you estimate was the total time that you spent doing vigorous gardening or heavy work around the yard in the last week? _____ minutes
- In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant? (e.g. jogging, cycling, aerobics, competitive tennis) _____ times
- What do you estimate was the total time that you spent doing this vigorous physical activity in the last week? _____ minutes
- In the last week, how many times did you do any other more moderate physical activities that you have not already mentioned? (e.g. gentle swimming, social tennis, golf) _____ times
- What do you estimate was the total time that you spent doing these activities in the last week? _____ minutes

2. Complete the Life Space Assessment-Cognitive Impairment (LSA-CI) questionnaire

Level 1 score is: _____

Level 2 score is: _____

Level 3 score: _____

Level 4 score is: _____

Level 5 score is: _____

Composite score (add level 1 to level 5 score) is: _____

3. Perform a Step Test for dynamic balance. The score for the number of steps completed in the 15-second period for each leg is:

L leg stepping: _____ steps

R leg stepping: _____ steps

For the analysis, worst score between the two scores will be used.

4. Perform a 2-min walk test. The distance walked over 2 minutes is: _____ m

Gait aid used (if possible use the same gait aid as in initial test): _____

5. Perform a 30 second sit to stand test. The number of stands the participant can complete in 30 seconds is _____

6. Perform a Timed up and Go Test. The time required is _____ seconds (2 decimal places)

Deleted: 1. Complete the Incidental and Planned Exercise Questionnaire-WA (IPEQ-WA) ¶
The **total** physical activity score (calculate using the formula) is: _____ ¶
The physical activity **subscores** (calculate using each formulae) for: ¶
Incidental activity is: _____ ¶
Walking activity is: _____ ¶
Planned activity is: _____ ¶
Planned walking activities is: _____ ¶
Planned exercise is: _____ ¶

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Gait aid used (if possible use the same gait aid as in initial test): _____

7. Perform the MMSE cognitive test. The total score is _____ (out of 30)

8. Perform the Lubben Social Network Scale-6 (LSNS-6). The total sum of all items is: _____

9. Perform the Physical Activity Enjoyment Scale-8. The score is: _____

10. Perform the KATZ Activity of Daily Living Index. Score each item.

Bathing: _____

Dressing: _____

Toileting: _____

Transferring: _____

Continence: _____

Feeding: _____

Total points: _____

11. Conduct the Zarit Carer Burden Scale. The total score is: _____

12. Conduct the EQ-5D-5L health-related quality of life scale for the **person with dementia/cognitive impairment**.

Mobility code is: _____

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13. Think back to the last 6 months, have you used the following health services over the last 6 months and how many times?

- Emergency department: Yes/No (please circle). If yes, how many times? _____
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- GP: Yes/No (please circle). If yes, how many times? _____
- Specialist doctor: Yes/No (please circle). If yes, how many times? _____
- Nurse: Yes/No (please circle). If yes, how many times? _____
- Home care: Yes/No (please circle). If yes, how many times? _____
- Physio: Yes/No (please circle). If yes, how many times? _____
- Occupational therapy: Yes/No (please circle). If yes, how many times? _____
- Other allied health (e.g. podiatry, dietician): Yes/No (please circle). If yes, how many times? _____
- Complementary therapy (e.g. acupuncture, naturopath): Yes/No (please circle). If yes, how many times? _____
- Ambulance: Yes/No (please circle). If yes, how many times? _____
- Pathology (e.g. blood tests) Yes/No (please circle). If yes, how many times? _____
- Imaging: Yes/No (please circle). If yes, how many times? _____
- Oncology (treatments e.g. chemotherapy, radiotherapy): Yes/No (please circle). If yes, how many times? _____
- Mental Health services: Yes/No. If yes, how many times? _____
- Assistive technology (any device, equipment, gadget that helps to bridge gaps in a person's ability to live the full, independent and fulfilling life they want to): Yes/No (please circle). If yes, how many types? _____

14. Think back to the last 6 months, have you used medications over the last 6 months (including how many types)?

- Prescribed medication: Yes/No (please circle). If yes, how many? _____
- Over the counter medication: Yes/No (please circle). If yes, how many? _____
- Supplementary Medication: Yes/No (please circle). If yes, how many? _____

15. Think back to the last 6 months,

- On average, each week, how many **hours** of care do you receive from your loved ones? _____
- On average, each week, how many **hours** of care do you receive from paid carers? _____

16. Think back to the last 6 months,

- What physical activity programs were you attending? _____
- How much time on average, each week was spent at appointments that are **related** to attending physical activity programs?

- How much time on average, each week, was spent in travel that is related to attending physical activity programs? _____
- Did a carer help you with the travel? Yes/No (please circle)
- How much did you spend, on average, each week, attending physical activity programs (e.g. gym memberships, attendance fees)? _____
- How many **paid** work hours, on average per week are worked (number of paid worked hours may be 0)?
 - If there are hours noted above ask: In addition to your paid hours worked, do you miss out on additional **paid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
 - If there are no hours noted above ask: Do you miss out on **paid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
- How many **unpaid** (volunteer) work hours, on average per week are worked (number of unpaid worked hours may be 0)?
 - If there are hours noted above ask: In addition to your **unpaid** hours worked, do you miss out on additional **unpaid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?
 - If there are no hours noted above ask: Do you miss out on **unpaid** work due to attending physical activity programs? Yes/no/NA (please circle). If yes, how many hours, on average per week are forgone?

17. Think back to the last 6 months for your favourite leisure activity number 1:

- What was your favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

18. Think back to the last 6 months for your favourite leisure activity number 2:

- What was your **second** favourite leisure activity (excluding television)? _____

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How many paid work hours, on average per week are worked (number of paid worked hours may be 0)? _____¶
Did you miss out on un-paid work due to attending physical activity programs? Yes/No (please circle). If yes, how many hours, on average per week are forgone? _____¶
How many unpaid work hours, on average per week are worked (number of un-paid worked hours may be 0)? _____¶

- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
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 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

19. Think back to the last 6 months for your favourite leisure activity number 3:

- What was your **third** favourite leisure activity (excluding television)? _____
- PREFERRED HOURS: In an ideal world, how many hours per week would you like to spend on this leisure activity? _____
- ACTUAL HOURS: Did you spend this amount of time on the leisure activity? Yes/No (please circle).
 - If not, how many hours per week did you actually spend on this leisure activity? _____
 - If not, what stopped you from spending your ideal amount of time on this leisure activity? _____
 - Did your level of physical activity affect your participation in this leisure activity (either positively or negatively)? Yes/No (Please circle)

Section 4: Program acceptability

For the person with dementia or cognitive impairment

1. Is the "Changing the Focus" program suitable for you?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

2. Is the "Changing the Focus" program adequate to meet your needs?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

For the carer (if applicable)

1. Is the "Changing the Focus" program suitable for you as a carer?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

2. Is the "Changing the Focus" program adequate to meet your needs as a carer?

- Yes
- No. Please explain why? _____
- Unsure. Please explain why? _____

Section 5: Conclusion of project activity

Thank the person with dementia and their carer for participating in the project, and explain that this is the end of the formal project.

Explain that a brief project summary will be sent describing the main project results, once the project is fully complete and results are analysed (approximately end of 2025).

Encourage ongoing participation in physical activity.

Check all steps are completed before leaving the person's home