

Project name: The right to rehabilitation for people with dementia

**Survey 1: Dementia rehabilitation and community of practice survey**

You are invited to participate in this survey. The aim of this survey is to understand the knowledge and confidence of health professionals towards reablement and rehabilitation treatments for people with dementia.

This is the first survey of three surveys. You will complete the second survey inside the dementia rehabilitation e-module and the third survey in 12 months' time. You will need to enter the same email address that you used to receive this survey in order to receive the third survey. You will also be asked to write your name in the survey so that we can evaluate the community of practice. Once we have linked survey responses, we will de-identify your name before analysing the results.

Before you begin the survey, we need to ask for consent that you are willing to take part in the survey and that you understand why you have been invited to participate. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

Yes. Continue with the survey

No. This will end the survey.

Start of survey:

*Some questions about yourself*

Q2. Please enter the same email address where you received this survey.

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Q3. What is your name?

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Q4. What is your age (in years)?

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Q5. What is your gender?

Male

Female

Non-binary / gender diverse

My gender identity isn't listed. I identify as: \_\_\_\_\_

Prefer not to say

Q6. What is your profession?

Nurse

Physiotherapist

Occupational therapist

- Speech pathologist
- Psychologist
- Exercise physiologist
- Dietician
- Social worker
- Other, please state: \_\_\_\_\_

Q7. How many years have you practised in your profession?

\_\_\_\_\_

Q8. My primary workplace is a:

- GP medical centre
- Private business/practice
- Outpatient clinic e.g., cognitive disorders and memory service / geriatric clinic
- Community health centre
- Community rehabilitation centre
- Outreach service
- Other. Please state \_\_\_\_\_

Q9. What is the postcode of your primary work place?

\_\_\_\_\_

Q10. In the last 12 months, what is the average number of hours per week you have worked in your profession?

\_\_\_\_\_

Q11. Have you ever undertaken specific post-graduate training in dementia?

- Yes. Please state the training \_\_\_\_\_

No

*Some questions about your practice and your workplace practice*

Q12. How many people with dementia have you treated in the last 12 months?

None

1-5

6-10

11-15

16-20

More than 20, please estimate how many? \_\_\_\_\_

Q13. Have you referred people with dementia to other allied health professionals in the past 12 months?

Yes. Please estimate how many? \_\_\_\_\_

No Skip to Q15

Q14. Which allied health professionals have you referred people with dementia to in the past 12 months (Multiple choices allowed)?

Physiotherapy

Occupational Therapy

Speech Pathologist

Psychology

Exercise physiology

Social Work

Dietician

Other, Please state \_\_\_\_\_

*Some questions about your attitudes and confidence toward dementia*

Q15. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym “ADRD” in each question stands for “Alzheimer’s disease and related dementias.”

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ADRD.	1	2	3	4	5	6	7
2. I am afraid of people with ADRD	1	2	3	4	5	6	7
3. People with ADRD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ADRD	1	2	3	4	5	6	7
5. I am comfortable touching people with ADRD.	1	2	3	4	5	6	7
6. I feel uncomfortable being around people with ADRD.	1	2	3	4	5	6	7
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past	1	2	3	4	5	6	7

history of people with ADRD.							
12. It is possible to enjoy interacting with people with ADRD.	1	2	3	4	5	6	7
13. I feel relaxed around people with ADRD.	1	2	3	4	5	6	7
14. People with ADRD can enjoy life.	1	2	3	4	5	6	7
15. People with ADRD can feel when others are kind to them	1	2	3	4	5	6	7
16. I feel frustrated because I do not know how to help people with ADRD.	1	2	3	4	5	6	7
17. I cannot imagine taking care of someone with ADRD.	1	2	3	4	5	6	7
18. I admire the coping skills of people with ADRD.	1	2	3	4	5	6	7
19. We can do a lot now to improve the lives of people with ADRD.	1	2	3	4	5	6	7
20. Difficult behaviors may be a form of communication for people with ADRD.	1	2	3	4	5	6	7

*Some questions about your knowledge of dementia*

Q16. Please circle true or false according to each statement about dementia.

Most forms of dementia do not generally shorten a person's life	True	False
Blood vessel disease (vascular dementia) is the most common form of dementia	True	False
People can recover from the most common forms of dementia	True	False
Dementia is a normal part of the ageing process	True	False
Dementia does not result from physical changes in the brain	True	False
Planning for end of life care is generally not necessary following a diagnosis of dementia	True	False
Alzheimer's disease is the most common form of dementia	True	False
It is impossible to communicate with a person who has advanced dementia	True	False
It is important to correct a person with dementia when they are confused	True	False
People experiencing advanced dementia often communicate through body language	True	False
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	True	False
Medications are the most effective way of treating behavioural symptoms of dementia	True	False
People experiencing dementia do not generally have problems making decisions	True	False
Movement is generally affected in the later stages of dementia	True	False
Difficulty eating and drinking generally occurs in the later stages of dementia	True	False
People with advanced dementia may have difficulty speaking	True	False
People experiencing dementia often have difficulty learning new skills	True	False

Daily care for a person with advanced dementia is effective when it focuses on providing comfort	True	False
Having high blood pressure increases a person's risk of developing dementia	True	False
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	True	False
Symptoms of depression can be mistaken for symptoms of dementia	True	False
The sudden onset of cognitive problems is characteristic of common forms of dementia	True	False
Exercise is generally beneficial for people experiencing dementia	True	False
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	True	False

*Some questions about your dementia rehabilitation knowledge and confidence*

Q17. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q18. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q19. How confident are you that you know about the roles of other allied health professionals (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide any comments \_\_\_\_\_



Q20. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
Rehabilitation is aimed at improving function in people only after a specific acute event like a stroke or a hip fracture					
People with dementia are unable to engage in rehabilitation					
Allied health professionals can help reduce carer partner stress					
Nothing can be done to keep people with dementia engaged in meaningful activities					
If a person with dementia is having difficulty with an activity, support should be organised to do it all for them.					
Interventions should support the person with dementia to continue activities that are meaningful to them					
Exercise may slow cognitive decline in people with dementia					
Exercise can improve physical function and mobility in people with dementia					
The only role of occupational therapy for people with dementia is home safety and driving assessments					
It's important for people with dementia to remain mentally and socially active					
Memory and cognitive strategies can support functional activities in the mild to moderate stages of dementia					
A combination of exercise and home hazard modifications can reduce risk of falls in people with dementia					
The only role of a speech pathologist in dementia is to manage swallowing difficulties					
Psychologists can help people with dementia manage grief associated with a diagnosis					

Cognitive rehabilitation can improve activities of daily living for people with dementia					
Communication practice, aides and strategies can help support communication for people with dementia and their care partners					

*The following questions relate to the professionals in this study and your professional relationship with them*

Q21. Please use the table that accompanies each question when responding to each question. When filling in this table, please:

- Provide a response against all names in the table.
  - Select the 'self' option against your own name.
- a) Do you know the following people? Knowing each other is defined as 'knowing the face, having talked to each with other, or having heard of.'

	Self	No	Yes (know the face or have heard of)	Yes (have talked to/corresponded with)
Name 1				
Name 2				
Name 3				

- b) Have you had professional contact with the following people in relation to a person with dementia? Professional contact is defined as 'having had professional contact about at least one person with **dementia** who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).'

	Self	No	Yes (regarding one person with dementia)	Yes (regarding more than one person with dementia)
Name 1				
Name 2				
Name 3				


c) Have you had professional contact with the following people. Professional contact is defined as ‘having had professional contact about at least one patient/client (any condition not just dementia) who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding one person with any condition, not just dementia)	Yes (regarding more than one person with any condition, not just dementia)
Name 1				
Name 2				
Name 3				

Q22. What are you hoping to gain by participating in the Community of Practice? (more than one response allowed)

- Develop multi-disciplinary relationships with other professionals
- Access to experienced clinicians and experts
- Facilitates knowledge exchange between members
- Access professional training opportunities
- Reduce sense of professional isolation
- Other. Please state \_\_\_\_\_

Q23. Are there any other comments you would like to make?

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End of survey. Thank you!



Project name: The right to rehabilitation for people with dementia

**Survey 2: Dementia rehabilitation survey**

You are invited to participate in this survey. The aim of this survey is to understand your knowledge, and confidence towards reablement and rehabilitation treatments for people with dementia after completing the dementia rehabilitation e-module.

You will need to enter the same email address that you used when you received the first survey and your name so that we can link your responses. Once we have linked survey responses, we will de-identify your name and the email addresses before analysing the results.

Before you begin the survey, we need to ask for your consent that you are willing to take part in the survey. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

Yes. Continue with the survey

No. This will end the survey.

Start of survey:

*Some questions about yourself*

Q2. Please enter the same email address where you received the FIRST survey.

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Q3. What is your name?

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*Some questions about your attitudes and confidence toward dementia*

Q4. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym “ADRD” in each question stands for “Alzheimer’s disease and related dementias.”

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ARD.	1	2	3	4	5	6	7
2. I am afraid of people with ARD	1	2	3	4	5	6	7
3. People with ARD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ARD	1	2	3	4	5	6	7
5. I am comfortable touching	1	2	3	4	5	6	7

people with ADRD.							
6. I feel uncomfortable being around people with ADRD.	1	2	3	4	5	6	7
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past history of people with ADRD.	1	2	3	4	5	6	7
12. It is possible to enjoy interacting with people with ADRD.	1	2	3	4	5	6	7
13. I feel relaxed around people with ADRD.	1	2	3	4	5	6	7
14. People with ADRD can enjoy life.	1	2	3	4	5	6	7
15. People with ADRD can feel when others are kind to them	1	2	3	4	5	6	7
16. I feel frustrated because I do not know how to help people with ADRD.	1	2	3	4	5	6	7

17. I cannot imagine taking care of someone with ADRD.	1	2	3	4	5	6	7
18. I admire the coping skills of people with ADRD.	1	2	3	4	5	6	7
19. We can do a lot now to improve the lives of people with ADRD.	1	2	3	4	5	6	7
20. Difficult behaviors may be a form of communication for people with ADRD.	1	2	3	4	5	6	7

*Some questions about your knowledge of dementia*

Q5. Please circle true or false according to each statement about dementia.

Most forms of dementia do not generally shorten a person's life	True	False
Blood vessel disease (vascular dementia) is the most common form of dementia	True	False
People can recover from the most common forms of dementia	True	False
Dementia is a normal part of the ageing process	True	False
Dementia does not result from physical changes in the brain	True	False
Planning for end of life care is generally not necessary following a diagnosis of dementia	True	False
Alzheimer's disease is the most common form of dementia	True	False
It is impossible to communicate with a person who has advanced dementia	True	False
It is important to correct a person with dementia when they are confused	True	False
People experiencing advanced dementia often communicate through body language	True	False



Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	True	False
Medications are the most effective way of treating behavioural symptoms of dementia	True	False
People experiencing dementia do not generally have problems making decisions	True	False
Movement is generally affected in the later stages of dementia	True	False
Difficulty eating and drinking generally occurs in the later stages of dementia	True	False
People with advanced dementia may have difficulty speaking	True	False
People experiencing dementia often have difficulty learning new skills	True	False
Daily care for a person with advanced dementia is effective when it focuses on providing comfort	True	False
Having high blood pressure increases a person's risk of developing dementia	True	False
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	True	False
Symptoms of depression can be mistaken for symptoms of dementia	True	False
The sudden onset of cognitive problems is characteristic of common forms of dementia	True	False
Exercise is generally beneficial for people experiencing dementia	True	False
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	True	False

*Some questions about your dementia rehabilitation knowledge and confidence*

Q6. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q7. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q8. How well do you know about the roles of other allied health therapists (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide any comments here \_\_\_\_\_

Q9. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is 'Strongly Disagree' 3 is 'Neither Agree or Disagree' and 5 is 'Strongly Agree'.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
Rehabilitation is aimed at improving function in people only after a specific acute event like a stroke or a hip fracture					
People with dementia are unable to engage in rehabilitation					
Allied health professionals can help reduce carer partner stress					
Nothing can be done to keep people with dementia engaged in meaningful activities					
If a person with dementia is having difficulty with an activity, support should be organised to do it all for them.					
Interventions should support the person with dementia to continue activities that are meaningful to them					
Exercise may slow cognitive decline in people with dementia					
Exercise can improve physical function and mobility in people with dementia					
The only role of occupational therapy for people with					

dementia is home safety and driving assessments					
It's important for people with dementia to remain mentally and socially active					
Memory and cognitive strategies can support functional activities in the mild to moderate stages of dementia					
A combination of exercise and home hazard modifications can reduce risk of falls in people with dementia					
The only role of a speech pathologist in dementia is to manage swallowing difficulties					
Psychologists can help people with dementia manage grief associated with a diagnosis					
Cognitive rehabilitation can improve activities of daily living for people with dementia					
Communication practice, aides and strategies can help support communication for people with dementia and their care partners					

Q10 We would like to evaluate your satisfaction with the e-module. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is ‘Strongly Disagree’ 3 is ‘Neither Agree or Disagree’ and 5 is ‘Strongly Agree’.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
Please rate your overall satisfaction with the e-module					
The language was at the right level					
The module was of high quality					
I understood the content					
There was too much material in the course					
There was too little material in the course					
My overall understanding of dementia rehabilitation has improved					
After taking this module I feel more confident in referring people with dementia to other allied health professionals for dementia rehabilitation					
After taking this module I feel more confident in providing therapy to people living with dementia					
The information in this course will help improve care for people living with dementia and their care partners					
I would like to learn more about dementia rehabilitation					
I would recommend the course to others					

Q11 What aspects of the course kept you engaged? (Multiple choices allowed)

- Course material
- Videos
- Discussion board
- Other, please describe \_\_\_\_\_

Q12 Is there anything else that you like to learn about dementia rehabilitation?

\_\_\_\_\_

Q13 Please provide any further feedback

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End of survey. Thank you!

Project name: The right to rehabilitation for people with dementia

**Survey 3: Dementia rehabilitation knowledge and community of practice evaluation survey**

You are invited to participate in this survey. This is the third survey in which we will evaluate the 12-month study outcomes. We will need your name to understand the change in community of practice relationships as one of the outcomes. Once we have linked survey responses, we will de-identify your name before analysing the results.

Before you begin the survey, we need to ask for your consent that you are willing to take part in the survey. Please select 'Yes' in Question 1 to continue with the survey.

We thank you for your time.

Q1. I provide consent to the survey and confirm that I have read and understood the Explanatory Statement and had the opportunity to consider the information.

Yes. Continue with the survey

No. This will end the survey.

Start of survey:

*Some questions about yourself*

Q2. What is your name?

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Q3. Have you change jobs since you completed the first survey 12 months ago?

Yes.

No. Skip to Q6.

Q4. My new primary workplace is a:

GP medical centre

Private business/practice

Outpatient clinics e.g., cognitive disorders and memory service / geriatric clinic

Community health centre

Community rehabilitation centre

Outreach service

Other. Please state \_\_\_\_\_

Q5. What is the new postcode of your primary work place?

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Q6. In the last 12 months, what is the average number of hours per week you have worked in your profession?

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Q7. Have you undertaken specific post-graduate training in dementia in the last 12 months (this excludes any training delivered as part of this project)?

Yes. Please state the training \_\_\_\_\_

No

*Some questions about your practice*

Q8. How many people with dementia have you treated in the last 12 months?

None

1-5

6-10

11-15

16-20

More than 20, please estimate how many? \_\_\_\_\_

Q9. Have you referred people with dementia to other allied health professionals in the past 12 months?

Yes. Please estimate how many? \_\_\_\_\_

No Skip to Q11



Q10. Which allied health professionals have you referred people with dementia to in the past 12 months (Multiple choices allowed)?

- Physiotherapy
- Exercise physiology
- Social worker
- Occupational Therapy
- Speech Pathologist
- Psychology
- Dietician
- Other, Please state \_\_\_\_\_

*Some questions about your attitudes and confidence toward dementia*

Q11. Please rate each statement according to how much you agree or disagree with it. Circle 1, 2, 3, 4, 5, 6, or 7 according to how you feel in each case. Please be honest. There are no right or wrong answers. The acronym “ADRD” in each question stands for “Alzheimer’s disease and related dementias.”

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1. It is rewarding to work with people who have ADRD.	1	2	3	4	5	6	7
2. I am afraid of people with ADRD	1	2	3	4	5	6	7
3. People with ADRD can be creative.	1	2	3	4	5	6	7
4. I feel confident around people with ADRD	1	2	3	4	5	6	7
5. I am comfortable touching people with ADRD.	1	2	3	4	5	6	7
6. I feel uncomfortable	1	2	3	4	5	6	7

being around people with ADRD.							
7. Every person with ADRD has different needs.	1	2	3	4	5	6	7
8. I am not very familiar with ADRD.	1	2	3	4	5	6	7
9. I would avoid an agitated person with ADRD.	1	2	3	4	5	6	7
10. People with ADRD like having familiar things nearby.	1	2	3	4	5	6	7
11. It is important to know the past history of people with ADRD.	1	2	3	4	5	6	7
12. It is possible to enjoy interacting with people with ADRD.	1	2	3	4	5	6	7
13. I feel relaxed around people with ADRD.	1	2	3	4	5	6	7
14. People with ADRD can enjoy life.	1	2	3	4	5	6	7
15. People with ADRD can feel when others are kind to them	1	2	3	4	5	6	7
16. I feel frustrated because I do not know how to help people with ADRD.	1	2	3	4	5	6	7
17. I cannot imagine taking care of someone with ADRD.	1	2	3	4	5	6	7

18. I admire the coping skills of people with ADRD.	1	2	3	4	5	6	7
19. We can do a lot now to improve the lives of people with ADRD.	1	2	3	4	5	6	7
20. Difficult behaviors may be a form of communication for people with ADRD.	1	2	3	4	5	6	7

*Some questions about your knowledge of dementia*

Q12. Please circle true or false according to each statement about dementia.

Most forms of dementia do not generally shorten a person's life	True	False
Blood vessel disease (vascular dementia) is the most common form of dementia	True	False
People can recover from the most common forms of dementia	True	False
Dementia is a normal part of the ageing process	True	False
Dementia does not result from physical changes in the brain	True	False
Planning for end of life care is generally not necessary following a diagnosis of dementia	True	False
Alzheimer's disease is the most common form of dementia	True	False
It is impossible to communicate with a person who has advanced dementia	True	False
It is important to correct a person with dementia when they are confused	True	False
People experiencing advanced dementia often communicate through body language	True	False
Uncharacteristic behaviours in a person experiencing dementia are generally a response to unmet needs	True	False
Medications are the most effective way of treating	True	False

behavioural symptoms of dementia		
People experiencing dementia do not generally have problems making decisions	True	False
Movement is generally affected in the later stages of dementia	True	False
Difficulty eating and drinking generally occurs in the later stages of dementia	True	False
People with advanced dementia may have difficulty speaking	True	False
People experiencing dementia often have difficulty learning new skills	True	False
Daily care for a person with advanced dementia is effective when it focuses on providing comfort	True	False
Having high blood pressure increases a person's risk of developing dementia	True	False
Maintaining a healthy lifestyle does not reduce the risk of developing the most common forms of dementia	True	False
Symptoms of depression can be mistaken for symptoms of dementia	True	False
The sudden onset of cognitive problems is characteristic of common forms of dementia	True	False
Exercise is generally beneficial for people experiencing dementia	True	False
Early diagnosis of dementia does not generally improve quality of life for people experiencing the condition	True	False

*Some questions about your dementia rehabilitation knowledge and confidence*

Q13. How confident are you in providing rehabilitation for people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q14. How confident are you in using strategies to support cognition and communication in people with dementia?

Scale of 0-10 (0-not confident at all, 10-very confident)

Q15. How well do you know about the roles of other allied health therapists (e.g. physiotherapists, occupational therapists, speech pathologists and psychologists) in providing rehabilitation for people with dementia?

Scale of 0-10 (0-I know nothing, 10-I know very well)

Please provide comments here \_\_\_\_\_

Q16. Please read the following statements carefully. Once you have read each statement please circle the number on the scale that corresponds with your answer, where 1 is ‘Strongly Disagree’ 3 is ‘Neither Agree or Disagree’ and 5 is ‘Strongly Agree’.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
	1	2	3	4	5
Rehabilitation is aimed at improving function in people only after a specific acute event like a stroke or a hip fracture					
People with dementia are unable to engage in rehabilitation					
Allied health professionals can help reduce carer partner stress					
Nothing can be done to keep people with dementia engaged in meaningful activities					
If a person with dementia is having difficulty with an activity, support should be organised to do it all for them.					
Interventions should support the person with dementia to continue activities that are meaningful to them					
Exercise may slow cognitive decline in people with dementia					
Exercise can improve physical function and mobility in people with dementia					
The only role of occupational therapy for people with dementia is home safety and driving assessments					
It’s important for people with dementia to remain mentally and socially active					
Memory and cognitive strategies can support functional activities in the mild to moderate stages of dementia					

A combination of exercise and home hazard modifications can reduce risk of falls in people with dementia					
The only role of a speech pathologist in dementia is to manage swallowing difficulties					
Psychologists can help people with dementia manage grief associated with a diagnosis					
Cognitive rehabilitation can improve activities of daily living for people with dementia					
Communication practice, aides and strategies can help support communication for people with dementia and their care partners					

*The following questions relate to the Community of Practice*

Q17. Please use the table that accompanies each question. When filling in this table, please:

- Provide a response against all names in the table.
  - Select the 'self' option against your own name.
- a) Do you know the following people? Knowing each other is defined as 'knowing the face, having talked to each with other, or having heard of.'

	Self	No	Yes (know the face or have heard of)	Yes (have talked to/corresponded with)
Name 1				
Name 2				
Name 3				

- b) Have you had professional contact with the following people in relation to a person with dementia? Professional contact is defined as 'having had professional contact about at least one patient/client with **dementia** who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding)	Yes (regarding more than one)

			one person with dementia)	person with dementia)
Name 1				
Name 2				
Name 3				

c) Have you had professional contact with the following people. Professional contact is defined as ‘having had professional contact about at least one patient/client (any condition not just dementia) who you are treating / have treated (including referral letters, emails, telephone contact, team meetings).

	Self	No	Yes (regarding one person with any condition, not just dementia)	Yes (regarding more than one person with any condition, not just dementia)
Name 1				
Name 2				
Name 3				

Q18. How satisfied were you with the Community of Practice (scale of 0-10, 0=not at all satisfied, 10= completely satisfied)?

Please provide comments here \_\_\_\_\_

Q19. Based on your experience with the CoP, how much do you agree with the following statements? (For this question, we are interested in the impact of this CoP on you as a clinician).

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
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Participating in this CoP improved my knowledge about working with people with dementia	1	2	3	4	5
Participating in this CoP improved my adoption of evidence-based practice in my work practice for people with dementia					
Participating in this CoP provided me with access to networks for continuing education in dementia					
Participating in this CoP provided me with access to expertise not available locally					
Participating in this CoP provided me with the opportunity to discuss work-related problems in a non-judgemental environment					
Participating in this CoP provided me with access to experts in the field that I would otherwise have found difficult to obtain.					
Getting access to multi-disciplinary relationships with other professionals through membership of the CoP helps me improve my work practice.					
Attending the seminars and other meetings organised by the CoP helped me establish links with other clinicians involved in dementia rehabilitation.					
Being a member of this CoP gives me access to clinicians that I can refer my patients for rehabilitation which otherwise I would have found difficult to obtain.					

Q20. Based on your experience with the CoP, how much do you agree with the following statements? (For this question, we are interested in the impact of this CoP on the organisation that you work for).

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The work of this CoP has resulted in my organisation successfully implementing evidence-based practice interventions for people with dementia.	1	2	3	4	5
The work of this CoP has resulted in my organisation developing a new model or process to improve rehabilitation services for people with dementia.					

Q21. Please list any activities you facilitated in your workplace to improve knowledge about dementia rehabilitation



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Q22. Please list any ways you advocated for change in relation to dementia rehabilitation in your workplace and if they were successful

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Q23. Please list any barriers you have encountered referring and/or providing rehabilitation to people with dementia?

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Q24. Please provide your thoughts on future ways to enhance the sustainability of the Community of Practice or any other ideas to improve access to rehabilitation for people with dementia?

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Q25. Are there any other comments you would like to make?

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End of survey. Thank you!