

Dementia Need Assessment Survey (Mohamed/Awke)

You are being invited to take part in this survey. The purpose of this survey is to assess knowledge and attitudes towards dementia among healthcare professionals in Somaliland. The baseline data generated from this survey will be used to plan educational interventions for health professionals and policy and resource development to meet the demand for community dementia care services in the country. To take part, you must be a healthy adult over 18 years old. This survey will also inform research in the area of dementia in Somaliland. All the information that we collect about you will be kept strictly confidential. Results will be disseminated through standard academic outlets. You will not be identified in any report or publication. Thank you for considering taking part in this survey.

If you agree to take part in the survey, please complete the section below.

Your name: (type first name and surname here)

Please read the three statements below and tick accordingly.

Yes

No

I have read the message and understood the purpose of the survey.

☐☐

I agree to participate in the online survey.

☐☐

I understand that my responses will be kept confidential.

☐☐

Demographic characteristics

Age

Gender

☐ Male

☐ Female

Your highest education level

- ☐ Diploma
- ☐ Bachelor and above

Your profession

Your employer or organization name

Your job title

Do you have experience in caring people with dementia?

- ☐ Yes
- ☐ No

Alzheimer's disease knowledge scale (ADKS)

True

False

It is safe for people with Alzheimer's disease (AD) to drive, as long as they have a companion in the car at all times.

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Most people with AD live in nursing homes.

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Drivers in the early stages of AD have more auto accidents than other older drivers.

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An evaluation of a person for AD typically includes information from a physical exam, memory tests, brain scans, and a history of the symptoms.

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AD is a normal part of aging, like gray hair or wrinkles.

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Currently, the best way to diagnose AD is with a blood test.

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A person suspected of having AD should be evaluated to rule out treatable disorders with similar symptoms.

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AD progresses at the same speed for everyone.

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In general, as people with AD get worse, they are more likely to wander and get lost.

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Some people with AD cannot recognize their children when they see them.

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People with AD have more problems remembering things on some days than on others.

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In rare cases, people have recovered from Alzheimer's disease.

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Eventually, a person with AD will need 24-hr supervision.

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After symptoms of AD appear, the average life expectancy is 6 – 12 years.

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A person with AD becomes increasingly likely to fall down as the disease gets worse.

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AD cannot be cured.

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When a person has AD, using reminder notes is a crutch that can contribute to decline.

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People whose AD is not yet severe can benefit from psychotherapy for depression and anxiety.

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Medications can permanently stop AD from getting worse.

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People with AD do best with simple instructions giving one step at a time.	☐	☐
When people with AD repeat the same question or story several times, it is helpful to remind them that they are repeating themselves.	☐	☐
If a person with AD becomes alert and agitated at night, a good strategy is to try to make sure that the person gets plenty of physical activity during the day.	☐	☐
If a person with AD follows the caregiver all over the house, it is helpful to encourage the person with AD to stay in one room.	☐	☐
People with AD do best when exposed to new experiences and environments as often as possible.	☐	☐
Genes can only partially account for the development of AD.	☐	☐
AD can be caused by eating food that was cooked in aluminum pots.	☐	☐
More than 50% of people older than 85 years have AD.	☐	☐
The percentage of people older than 65 years with AD exceeds 10%.	☐	☐
Having a parent or sibling with AD increases the chance of developing it.	☐	☐
It has been scientifically proven that mental exercise can prevent a person from getting AD.	☐	☐

Much can be done to improve the quality of life of care givers of people with dementia.	☐	☐	☐	☐	☐
Families would rather be told about their relative's dementia as soon as possible.	☐	☐	☐	☐	☐
Much can be done to improve the quality of life of people with dementia.	☐	☐	☐	☐	☐
Providing diagnosis is usually more helpful than harmful.	☐	☐	☐	☐	☐
Dementia is best diagnosed by specialist services.	☐	☐	☐	☐	☐
Patients with dementia can be a drain on resources with little positive outcome.	☐	☐	☐	☐	☐
It is better to talk to the patient in euphemistic terms.	☐	☐	☐	☐	☐
Managing dementia is more often frustrating than rewarding.	☐	☐	☐	☐	☐
There is little point in referring families to services as they do not want to use them.	☐	☐	☐	☐	☐
The primary care team has a very limited role to play in the care of people with dementia.	☐	☐	☐	☐	☐