

2026 NAD MAS Carer Questionnaire

Would you like to help us improve memory assessment services in England and Wales?

Who is this survey for?

The survey is part of a National Clinical Audit and is for carers or people who support a person who has been referred to a memory service for an assessment or diagnosis. We invite you answer 13 brief questions about the quality of care received by the patient. This survey should take about 10-15 minutes. This survey is about your views and experiences as someone providing support to someone who is a patient of a Memory Assessment Service. Please note that there is a separate **survey for patients**.

What happens to the information?

The information that you provide will be used in reporting to help this memory assessment service, and other services, to improve standards of care by highlighting things that are done well and areas that need improvement.

How will my confidentiality be respected?

All the information requested is anonymous. Your responses are sent to the National Audit of Dementia – not directly to your memory service. Taking part is optional and will not affect the care of the person with confusion or memory problems.

Which version of the survey would you like?

In words (full text)

Picture responses (with faces) 

Please give the name of the memory assessment service where the person you support received an assessment and/or diagnosis:

How do you best describe your relationship to the person you support (the patient)?

- Spouse or partner
 Family Member
 Friend
 Professional carer (health or social care)
 Other (please provide details)

Do you support the patient with everyday activities? (e.g. family carer or key worker)

- Yes
 No

Q1 Approximately how long did the patient wait from referral to their initial memory assessment?

- 1 month
 2 month
 3 – 6 months
 7 – 12 months
 More than 1 year
 Don't know
 Prefer not to say

Q2 How long after their initial assessment did the patient wait to receive a diagnosis?

- 1 month
- 2 month
- 3 – 6 months
- 7 – 12 months
- More than 1 year
- Don't know
- Prefer not to say

Q3 Do you feel the patient was offered the support they needed *while waiting for diagnosis*?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

Please feel free to add further comments:

Q4 Do you feel the patient was given the support they needed *during the diagnosis*?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say

Please feel free to add further comments:

Q5 Did the patient have an opportunity to ask questions about their diagnosis and what would happen next?

Please select one answer per row.

	Yes	No	Somewhat	Don't know
During the appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After the appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 Did *you* feel supported during the patient's assessment and diagnosis process?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say
- Not applicable

Please feel free to add further comments:

Q7 Were *you* involved in discussions and care planning for the patient after their diagnosis (as much as the patient wanted you to be)?

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say
- Not applicable

Please feel free to add further comments:

Q8 Does the patient have a written plan for continued support? (This might be called a "dementia care plan")

- Yes, definitely
- Yes, to some extent
- No
- Don't know
- Prefer not to say
- Not applicable

Please feel free to add further comments:

Q9 Has the patient been put in touch with a local Dementia Care Advisor or a specific person for ongoing support (after diagnosis)?

- Yes
- No
- Don't know
- Prefer not to say

Please feel free to add further comments:

Q10 How was *your* experience of this memory assessment service?

- Very good overall
- OK
- Not good
- Don't know / prefer not to say

Please feel free to add further comments:

About you

Sometimes people's needs and priorities can be different, depending on factors such as their age. To help us identify anything affecting the answers like this across all the survey responses we receive, we would really appreciate you taking a moment to answer the following short questions. These are optional and all responses are anonymous.

Here's a link which provides you with information on how we will handle your personal information in accordance with the law: [National Clinical Audit Privacy Notice](#)

How do you define your **gender**?

- Male
- Female
- Other
- Prefer not to say

What is your **age**?

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85 years and over
- Prefer not to say

Please specify your **ethnicity**:

- White/White British
- Black/Black British
- Asian/Asian British
- Mixed
- Other
- Prefer not to say

Thank you very much for your responses.