

2026 NAD MAS Patient Questionnaire

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

What is this survey for?

The survey is part of a National Clinical Audit and is for people who have been referred to a memory assessment service for an assessment and/or diagnosis. We invite you to answer 11 brief questions on the quality of care you received from the memory assessment service. All questions are optional, apart from the name of the service. This survey should take about 10-15 minutes.

This questionnaire is for people who have had an assessment and diagnosis.

Please note that there is a separate survey for family, friends, and other people providing support to people undergoing assessment and diagnosis.

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 your care in any way.

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 you received your assessment and/or diagnosis:

Please tell us about yourself:

I was referred to the service for a memory assessment

I am NOT the person who was referred to the service. I am answering on behalf of a person who was referred to the service

I am a family member/friend of the person who was referred to the memory assessment service

I am a volunteer or patient engagement officer (please provide details)

Please note that members of staff who are involved in assessing and/or diagnosing the patient should not complete this questionnaire.

Q1 Approximately how long did you wait from being referred to the memory assessment service to receiving a diagnosis?

Time in months (referral for assessment to diagnosis)

1 month

2 months

3 – 6 months

7 – 12 months

More than 1 year

Don't know

Prefer not to say

Q2 While you were waiting for your diagnosis, did you feel you were offered the support you needed?

Yes, definitely

Yes, to some extent

No

Don't know

Prefer not to say

Please feel free to add further comments:

Q3 When you received your diagnosis, did you feel you were given the support you needed?

Yes, definitely

Yes, to some extent

No

Don't know

Prefer not to say

Please feel free to add further comments:

**Q4 Did you have an opportunity to ask questions about your 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"/>

Q5 Were you involved in planning your future care and support?

Yes

Yes, but not as much as I wanted

No, but I wanted to be involved

No, and I did not want to be involved

I do not remember / not sure

Prefer not to say

Q6 Do you 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

Please feel free to add further comments:

Q8 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:

Q7 Have you 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 let us know whom you were put in contact with for ongoing support:

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](#).

Please note: the information provided in this section should be about the person with dementia, even if it is being completed on their behalf by somebody else.

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.