





Dementia assessment and diagnosis during the Covid-19 pandemic

The National Audit of Dementia (NAD) is collecting information from memory services to assess the quality of the services they provide.

As part of this, we are asking people who use the services to complete a short questionnaire. This survey was developed by Alzheimer's Society, and we are very grateful for their permission to use it as part of the audit.

The survey asks about the experiences of people diagnosed with dementia during the pandemic. We want to understand how people feel about undergoing assessments and/or receiving a diagnosis remotely.

This is a short survey of 18 questions about your experience with the memory service. It will take 5-10 minutes to answer. Your responses will be compiled into a report that services will use to make improvements to how they meet the needs of people who are seeking a diagnosis.

This survey is intended to be anonymous so please do not provide information which would allow you to be identified. Any possibly identifying information will be removed before reporting. Individual responses will be viewed only by the project team. It is entirely your choice whether you complete the survey, and this cannot affect your care and treatment in any way. For further information about how we use and look after the personal information and your rights in relation to it, please see our privacy notice or visit our website.

Entering the data: Please navigate through the questionnaire using the buttons at the bottom of the page
Reset: Clears your answers on the current page. Next: Moves you onto the next page. Submit: Once you have answered all of the questions, please click submit to send the data to the

Which country do you live in?

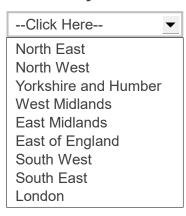
England

○ Wales

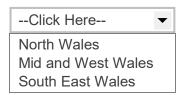
NAD team.

Please tell us about yourself:						
I am a person living with dementia						
I am a family member of someone living with dementia						
I am a volunteer/support worker completing for someone living with dementia Other (please specify below):						
						Chilantene
Please tell us about yourself:						
I am a person living with dementia						
I am a family member of someone living	ng with dementia					
I am a volunteer/support worker comp	leting for someone living with dementia					
Other (please specify below):						
Claberto had						
What type of dementia were you or the	person you support diagnosed with?					
I just know it's dementia	O Young-onset dementia (before 65)					
Alzheimer's disease	Posterior cortical atrophy (PCA)					
Vascular dementia	 Alcohol-related brain damage 					
Mixed dementia	Unspecified dementia					
O Dementia with Lewy bodies	Not diagnosed yet					
Frontotemporal dementia (FTD)	Other (please specify):					

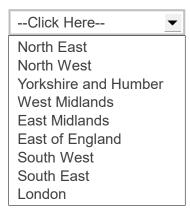
Where do you live?



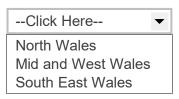
Where do you live?



Where does the person you support with dementia live?



Where does the person you support with dementia live?



Do you know the name of the memory service you used?				
○ Yes				
○ No				
Please write the name of the service here:				
What borough/town/area do you live in? (for example: Hackney/ Coventry North/ Bridgend. Please don't enter your address. The area will allow information you provide to be matched to the memory service that you used. It cannot be used to identify you)				

When did you start going to ap	pointments at the memory service?		
O Before 23 March 2020 (start of lockdown)	December 2020 - end		
23 March- end July 2020	◯ January 2021 onwards		
Approximately how long did you service?	ou wait for a diagnosis after being referred to the memory		
O Under 6 weeks	O Between 18 and 21 weeks		
Between 6 and 9 weeks	Between 21 and 24 weeks		
Between 9 and 12 weeks	Over 24 weeks		
Between 12 and 15 weeks	Not recieved yet		
Between 15 and 18 weeks			
Please use the box below for any fu	urther comments:		
Were any of your appointments and/or telephone?	at the memory service conducted by video/ computer		
Yes			
○ No			
O Don't know			
You said you hadn't had any a you had any issues getting sup	ppointments by video/ computer link or telephone. Have oport or a diagnosis?		

The following questions will be specifically about the video/ computer or telephone appointments you've had at the memory service. What were the video and/or telephone appointments for? Assessment Diagnosis Both Did you have enough support from the memory service to access the virtual appointments (for example a phone call or written instructions)? () Yes O No Don't know Please tell us what support you were offered from the memory service: Is there anything that would have helped you to access the appointment(s) more easily? () Yes O No Don't know If you answered yes, please tell us what would have helped you access the

appointment more easily:

Please tell us of any benefits experienced from having the appointment(s) by video/computer or telephone. For example, not having to travel.					
Please tell us of any challeng video/ computer or telephon	ges you experienced from having the appointment(s) by e?				
This could include: practical such as language barriers or	challenges such as using the internet, cultural challenges remotional challenges.				
	port (information about your condition, being told about support) following your diagnosis?				
Yes					
○ No					
O Don't know					
Please tell us about the support	rt you received after your diagnosis:				
What could have been done	differently to improve your experience?				
How would you rate your ex	perience of having a virtual appointment(s)?				
Excellent	O Poor				
Good	Extremely poor				
Neither good nor poor	O Don't know				

About you

Sometimes people's needs and priorities are different, and this can be associated with their age group, gender or ethnicity. To help us identify any themes 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

Му	gender is:						
\bigcirc	Male						
\bigcirc	Female						
\bigcirc	Other						
\bigcirc	Prefer not to say						
Муа	age group is:						
0	Under 45	0	75 to 84				
\bigcirc	45 to 54	\bigcirc	85+				
\bigcirc	55 to 64	\bigcirc	Prefer not to say				
\bigcirc	65 to 74						
What is your ethnicity ?							
\bigcirc	White/White British	\bigcirc	Mixed ethnic group				
\bigcirc	Asian/Asian British	\bigcirc	Prefer not to say				
\bigcirc	Black/African/Caribbean/Black British	\bigcirc	Other (please specify):				
Cisitnes for let							

This is the end of the survey. Please click "submit" to submit your responses.