

The day you were **Born** e.g., 06 or 17): _____

First 3 letters of your **Mother's First Name** _____

Your City & State of residence: _____

City & State of this Educational Session _____

Today's date _____

Pre-Session Form

Session 4: Communication

Please select (by circling) the letter of the BEST answer for helping a person with cognitive needs.

1. When this person is told it's time to get dressed they sometimes just sit there and don't move. You should:
 - a. First make sure you have their attention and then face them while speaking.
 - b. Repeat the same words over and over with pauses until they understand what you are saying.
 - c. Give them meaningful consequences, such as telling them that if they don't get dressed they won't look nice for the upcoming activity.

2. This person seems to get agitated when you start helping them to get ready for a shower. You should:
 - a. Speak clearly and firmly so they understand what you want them to do.
 - b. Use humor. Make jokes about their body odor.
 - c. Offer them opportunities to choose, for example, choice of which wash cloths to use or which food to eat during showering.

3. You know this person is capable of fixing their own lunch, yet sometimes they mix things up, like pouring milk on the plate rather than in the glass. You should:
 - a. Ignore what happened and don't say anything.
 - b. Assume they would want you to be honest with them and point out their mistakes.
 - c. With a smile, say something like, "Oh good. I was needing to clean this floor anyway."

4. Which two of the following questions would be most helpful to ask yourself when communicating with a person?
 - a. Do I treat this adult person as an adult?
 - b. Do they like preparing meals?
 - c. Do I give them verbal reassurances?
 - d. Do they distrust young people?
 - e. Do my emotions affect their emotions?

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5. Match each concept about communication with the corresponding question by writing the letter of each concept next to the question it matches:

- a. Respect
- b. Approach
- c. Explanation and Reassurance
- d. Body language

- ___ Do I try rhythmic singing as we move from one area to another?
- ___ Do I avoid bossing this person?
- ___ Does my facial expression match my words?
- ___ Do I use short words and phrases?

Participant Information (Please select, by circling your answers)

6. How old are you?

- ___ younger than 20 years old
- ___ 20-30 years old
- ___ 30-40 years old
- ___ 40-50 years old
- ___ 50-60 years old
- ___ 60-70 years old
- ___ 70-80 years old
- ___ 80-90 years old
- ___ 90 years old or older

7. Are you: Male Female N/A

8. What is the highest grade you completed in school or college?

- ___ 8th grade or less
- ___ some high school
- ___ high school graduate or equivalent
- ___ some college
- ___ college degree
- ___ graduate school

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9. How much experience have you had caring for persons with cognitive needs?

- 0-1 year
- 1-2 years
- 2-3 years
- 3-4 years
- 4 years or more

10. Identify your current position(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> nursing assistant | <input type="checkbox"/> case manager | <input type="checkbox"/> psychologist |
| <input type="checkbox"/> nurse | <input type="checkbox"/> care manager | <input type="checkbox"/> service provider |
| <input type="checkbox"/> social worker | <input type="checkbox"/> physician | <input type="checkbox"/> supervisor |
| <input type="checkbox"/> administrator | <input type="checkbox"/> therapist (OT, PT) | <input type="checkbox"/> personal assistant |
| <input type="checkbox"/> home health aide | <input type="checkbox"/> speech therapist | <input type="checkbox"/> other (please specify) |
| <input type="checkbox"/> activity/recreational therapist | <input type="checkbox"/> mental health professional | _____ |

11. Are you caring for a friend or a member of your family? yes no

If yes, please select (by circling) all that apply:

- living with this person
- providing primary care
- assisting with care, but not the primary

12. How much training have you had in caring for a person with cognitive needs?

- none
- 1-3 hours
- 3-5 hours
- 5-7 hours
- 7-9 hours
- 9 hours or more

13. What group of persons do you have the most experience with?

- Older adults
- Persons with dementia
- Persons with a developmental difference
- Persons with a mental illness
- Other (please specify): _____

Thank you very much for your help!