

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 2: Cognitive Abilities

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

1. This person swears when they enter the shower and the water hits their body. The most likely reason is:
 - a. They are a person who becomes angry quite easily.
 - b. The water feels like pin pricks on their skin.
 - c. They think they are being punished when they have to take a shower.

2. This person becomes agitated and pulls away when someone reaches out to help them stand up from a chair. The most likely reason is:
 - a. They are not comfortable getting help from someone younger than they.
 - b. When they see someone reach out toward them, they don't understand that it is a helpful gesture.
 - c. They have always been a very independent person and do not like having someone help them.

3. This person has always enjoyed music, but when they are encouraged to come to a concert down the hall, they don't seem interested. The most likely reason is that:
 - a. They are sad or depressed and have lost interest in participating in most activities.
 - b. Even though they hear the invitation, they don't understand what the words mean.
 - c. This is their way of "getting back" at someone who hurt them earlier in the day.

4. Which two of the following questions would be most helpful in identifying the needs and desires of a person?
 - a. How well do they see and hear me?
 - b. Did they get enough sleep last night?
 - c. Do they respond better to someone of a specific age?
 - d. How well do they understand what they see and hear?
 - e. When was the last time they visited with friends?

Next page please

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5. Match each cognitive phase with the corresponding example by writing the letter of each phase next to the example it matches:

- a. Sensory Phase
- b. Comprehension/Perception Phase
- c. Executive Phase
- d. Expressive Phase
- e. Motor Phase

_____ This person can read words but doesn't understand what they are reading.

_____ This person refuses to step into a white bath tub because they cannot see the edge of the tub well enough.

_____ This person has trouble eating without assistance because their severe arthritis makes it difficult for them to grip their utensils and lift their arms.

_____ This person can sing easily but cannot formulate the words needed to express their thoughts and needs.

_____ This person has difficulty shifting from one task to another and generally doesn't have any concept of how much time has passed between activities.

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 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

Next Page Please

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- some high school
- high school graduate or equivalent
- some college
- college degree
- graduate school

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

Next page please

Learner Pre-Session Form

Session 2: Cognitive Abilities

Cognitive Abilities and Intervention Strategies Educational Series

Page 4 of 4

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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!