

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 3: The Environment

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

1. This person often wanders throughout their residence, turning doorknobs on doors they encounter. They are not safe when they leave the building alone.
What is the best way to change the environment to keep them from leaving the building?
 - a. Use bright lights opposite the exit door to divert their attention.
 - b. Paint or wallpaper the door to match the walls.
 - c. Cluster a seating group in front of the doorway.

2. This person sometimes shouts "Where's the toilet?" when they need to urinate. Their spouse is trying to make it easier for them to find the bathroom. What is the best recommendation you can give to their spouse?
 - a. Be sure the door to the bathroom is brightly colored.
 - b. When they shout, flush the toilet so the sound directs them to the bathroom.
 - c. Put a picture of a toilet on the bathroom door.

3. This person is unsure and hesitant when they go into the bathroom to use the toilet. What is the best way to change the environment to help them?
 - a. Paint the walls a cheerful color and add a fuzzy rug.
 - b. Put the shower curtain in front of the tub and colorful towels on the racks.
 - c. Dim the lights so the room is not so bright.

4. Which two of the following environmental questions would most help a person take a shower?
 - a. Do the walls and ceilings absorb sound?
 - b. Is the room warm?
 - c. Are all cleaning supplies removed from under the sink?

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

- a. Contrast
- b. Normal
- c. Clutter
- d. Cueing

___ Is all medical equipment out of sight?

___ Does the environment tell this person what they need to know?

___ Does each dangerous object look similar to the area around it?

___ Is each task done in the area where that task is usually done?

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!