

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 5: The Task and Daily Routines

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

1. When anticipating a particular activity for this person, such as getting dressed, you should:
 - a. Think about what aspects of the task they enjoy most, and plan to do those first.
 - b. Make changes in approach so they won't get bored.
 - c. Break the task down into steps they can understand.

2. This person seems to get agitated when you start helping them to get ready for a shower. You should:
 - a. Find out what they are used to doing to get clean (e.g., shower, bath, sponge bath).
 - b. Leave the room and let them try to do it since they might be embarrassed.
 - c. Wait until evening when they are more tired and may not be as resistive.

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. Take the milk and pour it into a glass so they won't be embarrassed by a spill.
 - b. Break the lunch-making into simpler steps and encourage them to do one step at a time. For example, first arranging a few necessary dishes on the table, then preparing a sandwich at the counter, then putting the sandwich on the plate at the table, then pouring the milk.
 - c. Demonstrate the process of getting a meal together and then let them try the next time.

4. Which concept is MOST important regarding tasks and daily routines when helping a person?
 - a. That this person is well fed, clothed appropriately, and kept clean.
 - b. That this person feels good during and after the task.
 - c. That both this person and the care partner (or assistant, caregiver) enjoy the task.
 - d. That the order and task complexity of task steps match this person's ability.
 - e. That the task is accomplished as efficiently as possible to allow time and energy for the activities this person wants to do.

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5. Match each concept about tasks and daily routines with the corresponding statement by writing the letter of each concept next to the statement it matches:

- a. Consistency
- b. Break down complex task into simple steps
- c. Timing
- d. Modification of objects

_____ This person goes to bed right after preparing for bed.

_____ This person is used to using bar soap.

_____ Showering is always done in the morning.

_____ The pants and shirt are laid out for this person, then the person puts the pants and shirt on without help, then has help with shoes and socks.

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!