



CLIENT SERVICE RECEIPT INVENTORY
(CSRI) Part One: Participant Schedule

For the researcher:

The purpose of this questionnaire is to gain insight into (*participant's*) life and your life as his/her carer. Part of this questionnaire will also be evaluating what services and support you both access.

NB. If the carer doesn't know the answer to a question then please place a "DK" (888) next to the question.

Background information of the person with dementia

1. Marital status of (*participant*):

- ☐ 1 Married/civil partner/ cohabiting
- ☐ 2 Widowed
- ☐ 3 Divorced/Separated
- ☐ 4 Single
- ☐ 5 Other (specify): _____

Only ask Q2 if carer is married or in a long term relationship with participant. If not, continue to Q 3.

- 2.** How long have you been in a relationship with the participant? _____ (years)
- 3. How would you rate your past (i.e. before diagnosis of dementia) and present relationship with the participant?**

a) Past:

- Excellent ☐ 1
- Good ☐ 2
- Fair ☐ 3
- Poor ☐ 4



b) Present:

- Excellent
- Good
- Fair
- Poor

4. How many of [participant]'s daughters and sons (including non-biological children and in-laws) live within 30 mins away from them?

Number: _____

Question 5 & 6 are only to be collected for people for whom this information has not been collected before.

5. *With respect to the type of dementia, what is (participant)'s current diagnosis?*

- Alzheimer's Disease
- Vascular Dementia
- Lewy Body Dementia
- Frontotemporal Dementia
- Mixed Dementias
- Other. Please state: _____
- Don't know

6. **For the Researcher: How do you know what diagnosis the participant has? NB. Confirmation includes discussion with clinician, seeing records, medical correspondence or prescription.**

- Clinician-referred: Independently Confirmed
- Clinician-referred: Unconfirmed
- Self-referred: Independently Confirmed
- Self-referred: Unconfirmed

7. **How long ago was the participant diagnosed with dementia?** _____ (months)

--	--	--	--	--	--	--	--	--	--

A. Person with dementia's accommodation

8. Has (participant) moved over the last year?

☐ yes ☐ no

Ask Q 9-10 if participant has moved. If has not moved, please go to question 11 if living in the community or proceed to Q 14.

9. If yes, Where does (participant) live?

☐ 1

urban area

☐ 2

rural area

10. What type of accommodation does (participant) normally live in?

Tick one box

- A Owner-occupied
 B Council rented
 C Housing Association rented
 D Private rented
 E Care home (residential/care only)
 Start Date.....
 F Nursing home
 Start Date.....
 G Other, please describe

1
2
3
4
5
6
7



**Go to
section B**



**Go to section
C.**

B.1 Community Residence

11. How many people live with (participant)?

Number:

12. (a) Has (participant) had a short stay at a care home or nursing home over the last 3 months?

Yes ☐ 1

No ☐ 2

(b) If yes, for how many nights?

Number of nights: N/A 777

13. Is the accommodation "sheltered"? (i.e. has a warden or scheme manager on-site/mobile warden)
 Yes ☐ 1 No ☐ 2

Now continue to section C.

C. Disability Benefits and Direct Payments

14. Does (*participant*) receive Attendance Allowance or Disability Living Allowance?

For clarification:

Attendance Allowance is provided to people with physical or mental disabilities who need support with personal care.

“Disability Living Allowance (DLA) is a tax-free benefit for disabled people who need help with mobility or care costs” aged 65 and above.¹ Personal Independence payment will replace the Disability Living Allowance for people aged 16 to 64. It aims to support with costs caused by long-term ill-health or disability.

Yes, Attendance Allowance

1

Yes, Disability Living Allowance/Personal Independence Payment

2

No, neither of these

3

Don't know

888

15. Excluding attendance allowance and benefits such as Disability Living Allowance, does (*participant*) receive any cash payments- known as Direct Payments- from your local authority due to his/her care needs?

Yes

1

 No

2

(b) If yes, how much is the weekly amount £ N/A

777

Don't know

888

¹ <https://www.gov.uk/dla-disability-living-allowance-benefit/overview> (25.04.2016)



D. SERVICES USED

16. Has (*participant*) used any hospital services over the last 3 months?

Service	Used?	Name of ward, clinic, hospital, centre	Reason for using service	Number of contacts in the last 3 months
Psychiatric inpatient	Yes/No			_____ inpatient days
General hospital inpatient	Yes/No			_____ inpatient days
Day hospital	Yes/No			_____ attendances
Memory clinic	Yes/No			_____ appointments
Outpatient services	Yes/No			_____ appointments
Care in A&E (less than 24 hours)	Yes/No			_____ times

17. Has (*participant*) used any of the following community-based health services over the last 3 months?

Primary Care, Community Health or Emergency (A&E) Services	Used?	Total number of contacts in the last 3 months
Paramedic (ambulance service)	Yes/No	
Psychiatrist	Yes/No	
General practitioner	Yes/No	_____ at home _____ at clinic or office _____ telephone
Dentist	Yes/No	
Optician	Yes/No	
Audiologist	Yes/No	
NHS 111	Yes/No	
Nurse at a practice	Yes/ No	
Nurse at home	Yes/ No	



18. Has (*participant*) used any of the following community social care services over the 3 last months?

Day activities	Used?	Number of sessions per week
Community transport (One session=one way trip)	Yes/No	
Meals on wheels (or equivalent) or lunch at day centre	Yes/No	
Home Care (excluding live in)	Yes/No	Local authority funded: _____ Privately purchased: _____
Live in carer	Yes/No	
Cleaner, Gardener / Other paid help	Yes/No	
Day care:	Yes/No	Number of full days: _____ Number of half days(≤4hrs): _____
Social clubs: (non dementia related)	Yes/No	
Other (e.g. exercise club, befriending/sitting services Alzheimer's café/lunch club). Please specify: _____	Yes/No	

[ASK THE FOLLOWING ONE QUESTION ONLY TO UNPAID CARERS]

This question is only related to items covered in question 18.

19. Having just discussed the services that [participant] has received, do you feel that you have personally benefited from [participant] receiving these services?

Yes

1

No

2

Don't Know

888

Not applicable (no services used)

777



[ASK Q20 only to unpaid carers indicating a residential care placement, or receipt of home care, day care or community transport]

20. You mentioned that [participant] lives in residential accommodation, or is in receipt of day care, home care or community transport. Thinking of only these four things, does [participant], you or any other member of family contribute to paying for these services?

Yes, paying all of the costs

1

Yes, paying some of the costs

2

No, paying none of the costs

3

I don't know

888

Ask all carers

21. Has (participant) and/or you (as his/ her carer) had an advance care planning conversation with a GP or other professional since (participant) was diagnosed?

For clarification:

An advance care planning conversation involves thinking and talking about one's wishes for how one is cared for in the future. It often involves a close relative or carer. People usually carry out advance planning because they have a condition which may mean they will not be able to [easily] make decisions or communicate their wishes in the future.

Yes, definitely

1

Yes, I think so

2

No

3

I don't know

888



F. Carer Schedule

Information on the carer

21.a What is your (carer) marital status?

- ☐ 1 Married/civil partner/ cohabiting
- ☐ 2 Widowed
- ☐ 3 Divorced/Separated
- ☐ 4 Single
- ☐ 5 Other (specify): _____

G. ABOUT THE SUPPORT PROVIDED TO THE PERSON WITH DEMENTIA

22. Have you moved home in the last year?

- Yes ☐ 1
- No ☐ 2

23. Do you live with (*participant*)? (*i.e. as a co-resident*)

- Yes ☐ 1 → If Yes, please go to G.2
- No ☐ 2 → If No, please go to G.1

G.1 For caregivers residing away from the person with dementia

24. Do you live with anyone else? Yes ☐ 1 No ☐ 2

[IF MOVED (yes to question 8 or 22), ask 25 and 26. Otherwise proceed to 28.]

25. How long does it take you to get to (*participant*)?

- Less than 30 mins ☐ 1
- 30 mins to 60 mins ☐ 2
- Over 60 mins ☐ 3

26. What type of accommodation do you live in?

Tick one box

- A Owner-occupied
- B Council rented
- C Housing Association rented
- D Private rented
- E Other, please specify: _____

1
2
3
4
5

G.2 For co-resident carers (ask all co-resident carers)

27. On a typical day, excluding hours of sleep, how much of the time do you feel you could leave (*participant*) home alone? Please tick one box:

- | | | |
|--|--------------------------|---|
| Never | <input type="checkbox"/> | 1 |
| 1% to less than 25% of the time (up to 4 hours) | <input type="checkbox"/> | 2 |
| 25% to less than 50% of the time (4 to 8 hours) | <input type="checkbox"/> | 3 |
| 50% to less than 75% of the time (8 to 12 hours) | <input type="checkbox"/> | 4 |
| 75% to 100% of the time (12 to 16 hours) | <input type="checkbox"/> | 5 |

G.3 All carers

28. How often do you wake up after your usual amount of sleep feeling tired and worn out?

- | | | |
|----------------------------|--------------------------|---|
| Not during the last month | <input type="checkbox"/> | 1 |
| Less than once a week | <input type="checkbox"/> | 2 |
| Once or twice a week | <input type="checkbox"/> | 3 |
| Three or more times a week | <input type="checkbox"/> | 4 |

29. How many hours of sleep do you have on an average week night?

You can tell me to the nearest half hour.

Hours: _____

30. During the last month, how would you rate your sleep quality overall. Would you say it was...?

- | | | |
|------------|--------------------------|---|
| Very good | <input type="checkbox"/> | 1 |
| Good | <input type="checkbox"/> | 2 |
| Fairly bad | <input type="checkbox"/> | 3 |
| Very bad | <input type="checkbox"/> | 4 |

31. On a typical day, how many hours do you spend caring for [*participant*]? (including activities such as: phone calls, paperwork, laundry and shopping)

hours

32. Thinking of all carers (*participant*) has, do you contribute the most number of hours of care per week? Yes ☐ 1 No ☐ 2 N/A ☐ 777

33. Thinking about an average or typical week, and about all such other carers, for how many hours of care per week do they provide? hours N/A ☐ 777



Only for paid carers

H.1 Use of technology for paid carer

Only for paid carers providing care in the community

We would now like to show you a list of technologies available for carers providing dementia care.

34. Do you use any of these technologies to support caring for (participant)?

	Don't know (888)	Yes (1)	No (2)
1. Interactive online games to conduct needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Information Management System to assess risk, receive (participant) specific reminders or alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Online systems that link carers via television to communicate directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Application to coordinate organisation of care with other carers and unpaid carers and to directly contact unpaid carers (e.g. PAL-4 system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Telephone app with social networking tool with link to unpaid carers to exchange information and deliver person-centred care (e.g. Finerday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. App on tablets/ phones that store personal information of (participant) such as photos, information on past occupation, likes, dislikes (e.g. MyBrainBook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. App to learn about available technologies to support care (e.g. Assistedliving app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Online training on dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Are there any other technologies you use in relation to caring for (participant)?



Only for paid carers providing care in a residential care setting

36. Do you use any of these technologies to support caring for (participant)?

	Don't know (888)	Yes (1)	No (2)
1. Sensor mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Movement sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pressure pads that alert carers at night when movement occurs, to reduce sleep disturbance of (participant) through routine checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radio Frequency Identification buttons to identify owner of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Care Assist system, using a portable device that can receive alerts and identify specific service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Information Management System to assess risk, receive (participant) specific reminders or alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Online systems that link carers via television to communicate directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Phone app to enable communication between carers			
9. Talking mats to communicate with (participant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. App on tablets/ phones that store personal information of (participant) such as photos, information on past occupation, likes, dislikes (e.g. MyBrainBook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Telephone app with social networking tool with link to unpaid carers to exchange information and deliver person-centred care (e.g. Finerday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Online training on dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. App to learn about available technologies to support care (e.g. Assistedliving app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Virtual dementia experience to gain better understanding of what it is like to live with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Are there any other technologies you use in relation to caring for (participant)?



Ask all carers

Medication

Please ask to see the medication taken by the person with dementia (not any taken by the carer), and record this below.

Medications taken	Dosage

END HERE IF INTERVIEWING FORMAL CARERS.

PROCEED WITH UNPAID CARERS ONLY.



G.4 About you (unpaid carer)

38. Other than (*participant*), how many people do you care for? (including childcare)

(a) Number:

If yes, (b) Childcare: Number of children you care for:

N/A

(c) Adult long-term care: Number of adults you care for:

N/A

39. What is your regular employment status?

A. Paid employment

Yes

No

(now go to Q 40)

If A please describe current job:

B. Volunteer

Yes

No

(now go to Q 40)

If B please describe current volunteering activity:

C. Unemployed

Yes

No

D. Retired

Yes

No

(now go to Q 44)

E. Full Time Carer

Yes

No

F. Housewife/husband

Yes

No

If C D, E or F, please describe your former job or voluntary activity:

Those in employment/ volunteering (ask all in employment/volunteering)

40. How many hours do you typically work each week in all employment or volunteering activities? Hours

41. Have you taken days off work or volunteering in order to provide care for (*participant*)?

(a) Yes

No

(b) If Yes, how many days over the past 3 months? N/A



42. Have you had to cut down on the number of hours you work or volunteer or have you reduced your responsibilities at work to provide care for (*participant*) since the last time we saw you?

(a) Hours cut down: Yes No

(b) Reduced responsibility a work: Yes No

(c) If hours cut down, how many?

Hours cut down per week: N/A

43. If yes to the previous question, by what percentage has this had an impact on your income?

% N/A

Those not in employment

44. Did you leave paid employment to provide care for (*participant*)?

Yes No

All

45. Has the Local Authority (council) ever carried out a carers' assessment in relation to you caring for (*participant*)?

For clarification:

A carer assessment means that a professional discusses with you how you are coping with the care you provide, how it affects your health and daily life and what support could help you best in your role as a carer. If your GP or any other professional only asks you how you are doing while they are primarily giving care to [*participant*], this is not a carers' assessment.

Yes No

46. Do you receive Carers' Allowance? (This is a social security benefit for people who provide unpaid care to a friend or relative)

Yes No Don't know

47. (a) Have you received any cash payments from your Local Authority that support you as a carer (these are usually known as Carer Direct Payments)?

Yes No Don't know

(b) If yes, what was the amount you received? If more than one of these payments was received, please let us know of the most recent payment.

Amount: £ N/A Don't know

G.5 Health of Carers



48. How would you describe your general state of health?

Very good Good Poor Very poor

49. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Yes No

If yes, does this affect you in any of the following ways?:

Vision (for example blindness or partial sight)

Yes No

Hearing (for example deafness or partial hearing)

Yes No

Mobility (for example walking short distances or climbing stairs)

Yes No

Dexterity (for example lifting and carrying objects, using a keyboard)

Yes No

Learning or understanding or concentrating

Yes No

Memory

Yes No

Mental health

Yes No

Stamina or breathing or fatigue

Yes No

Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)

Yes No

Other (PLEASE SPECIFY) : _____

Yes No

Refused to answer

50. Have you used any of the following health services for yourself over the last 3 months?

SHOWCARD 4	Due to care	Not due to care	Combination of both
Hospital A&E	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Number of times: _____			
Hospital Inpatient admittance	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Number of times: _____			
GP visit	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Specialist	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Psychological/psychiatric support	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Counselling support	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>
Nurse visit	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>	Y: <input type="text" value="1"/> N: <input type="text" value="2"/>



51. Have you used any of the following social care services or sources of support for yourself over the last 3 months?

SHOWCARD 5

Other family members	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Friends/Neighbours	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Advice from local authority /social services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Respite care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Self-help groups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Support groups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Education groups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Expert relative groups	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Alternative therapies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Advice lines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Online support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Alzheimer's Café	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Admiral Nurse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other: _____				

52. What kind of support do you receive from these sources? Tick all that apply

Support with hands on caring	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Advice/information	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Emotional support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Financial support	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Spending time with (participant)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Other (PLEASE SPECIFY): _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

53. In the last three months, has your own health been affected, in any of the following ways by the help or support that you give to (participant)?

Tired	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Depressed	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Loss of appetite	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
General stress	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Physical strain	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Short tempered	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Developed a health condition	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Made an existing condition worse	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>

If there are any other health effects you've experienced due to the care you provide, please do let us know. (If the carer provides more detailed information on the items above, please also briefly note these as comments).

Other health effects:

G.6 Carer perception of care situation

54. Do you feel you currently receive adequate support in order to look after yourself?

Yes No

55. Do you feel that you receive adequate support in caring for (participant)?

Yes No

Additional information:



H.2 Use of Technology for unpaid carer

We would now like to present you a list of technologies other carers have found useful in supporting them in their caring role. We would be interested in knowing more about what, if any, technology you use to support you in your caring role.

56. (a) Do you use any of these technologies?

(b) Do any of these technologies support you with your caring role?

	Don't know (888)	Yes (1)	No (2)	Supports with caring role v	
				Y (1)	N (2)
1. Global Positioning System (GPS) (for example Garmin, TomTom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MP3 player (for example iPod)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. (video) Games console (for example Xbox, Nintendo, Wii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fitness monitor (for example pedometer, heart rate chest monitor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mobile phone (including smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Computer (for example desktop, laptop, PC, Apple)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tablet computer (for example iPad or Galaxy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
if you use smartphone/computer/tablet					
8. Internet search engine (for example Google)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Skype /Facetime/ or similar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Email (for example Outlook, Gmail, Hotmail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Social media (for example Facebook, Twitter, blogs, vlogs, Snapchat, Instagram, Reddit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mobile "apps" – or applications (for example WhatsApp?, Just Checking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes can you please name, or explain, which mobile apps you use: Record 5 apps most frequently used				<input type="checkbox"/>	<input type="checkbox"/>
13.				<input type="checkbox"/>	<input type="checkbox"/>
14.				<input type="checkbox"/>	<input type="checkbox"/>
15.				<input type="checkbox"/>	<input type="checkbox"/>
16.				<input type="checkbox"/>	<input type="checkbox"/>
17.				<input type="checkbox"/>	<input type="checkbox"/>



For unpaid carers providing care in the community

(c) Do you and/or (participant) use any of these care and safety technologies?

Technology	Do you – or the person you care for - use this technology?		
	Don't know (888)	Yes (1)	No (2)
Location device (for example wrist pager, buddi, Loc8tor, location pendant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reminders (for example Voice Cue, Memo Minders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day clock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated pill dispenser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Call blockers (for telephone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Dementia" telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Dementia" remote control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pendant alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature detector (for extreme heat or cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed monitor (for example pressure mat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gas-shut-off valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) Are there any other technologies you use in relation to caring for (participant)?



For unpaid carer if (participant) resides in care home

(e) Do you, the institution and/or (participant) use any of these care and safety technologies?

	Don't know (888)	Yes (1)	No (2)
15. Sensor mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Movement sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pads that alert carers at night when movement occurs, to reduce sleep disturbance of (participant) through routine checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Radio Frequency Identification buttons to identify owner of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Interactive online games to conduct needs assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Information Management System to assess risk, receive (participant) specific reminders or alerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Online systems that link carers via television to communicate directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Talking mats to communicate with (participant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. App on tablets/ phones that store personal information of (participant) such as photos, information on past occupation, likes, dislikes (e.g. MyBrainBook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Application to coordinate organisation of care with other carer and unpaid carers and to directly contact (carer) (e.g. PAL-4 system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Telephone app with social networking tool with link to (carer) to exchange information and deliver person-centred care (e.g. Finerday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Online training on dementia care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. App to learn about available technologies to support care (e.g. Assistedliving app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Virtual dementia experience to gain better understanding of what it is like to live with dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(f) Are there any other technologies used you are aware of in relation to caring for (participant)?
