Qualtrics link to enter individual data: <https://uwmadison.co1.qualtrics.com/jfe/form/SV_55PK7OdlQxX3EDs>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization ID: (County Interviewer Initials - RockAS)

Date Screen Administered:

**Client Demographic Info:**

|  |  |
| --- | --- |
| Participant Demographic and Workflow Questions  |  |
| **City/State/Zip:** | **Age Group Category**❒ 17-21❒ 22-59❒ 60-99❒ 100 +❒ Prefer not to answer |
| **Do you identify with any of the following:**❒Alzheimer’s/Irreversible Dementia❒Caregiver❒Developmental/Intellectual Disability❒Adult 60 or older❒Mental Health Disorder❒Physical Disability❒Substance Abuse❒Unknown ❒Prefer not to answer  | **Household:**❒ I live alone❒ I live with others.—-------------------------------------------**Income Status:** is your income at or below the following guidelines?❒ Yes ❒ No# in Home Month/ Year1 $1,133 $13,5902 $1,526 $18,3103 $1,919 $23,0304 $2,313 $27,750❒ Prefer not to answer |
| **Gender:**❒ Male❒ Female ❒ Transgender Male❒ Transgender Female❒ Transgender Unspecified❒ Gender Nonconforming❒ Gender Fluid/Not Exclusively  Male or Female❒ Self-Describe (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❒ Prefer not to answer | **Race:**❒ American Indian or Alaska Native❒ Asian or Asian American❒ Black or African American❒ Native Hawaiian or Pacific Islander ❒ White❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ethnicity:**❒ Hispanic or Latino❒ Not Hispanic or Latino❒ Prefer not to answer |  |

**The following questions should be answered by the interviewer:**

**1. Did the interviewer need to provide more explanation for the participant to understand the screening questions?**

❒ No, the participant understood the questions and did not need further explanation.

❒ Yes, the participant needed more explanation, please provide feedback below on what question(s) needed further explanation.

Please explain:

**2. How did the participant score?**

**3. Did the interviewer provide any resources or next steps? (Circle Answer) Yes No**

**What resources?**

**4. What part of your work was this screening integrated?**

 ❒ Options Counseling

❒ Information and Assistance

 ❒ Nutrition assessment

❒ Nutrition reassessment

 ❒ Caregiver assistance

 ❒ Dementia Care/Memory Screen

 ❒ Transportation

 ❒ Receptionist

 ❒ Event/Class

 ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Did this screening integrate reasonably into your workflow?**

 ❒Yes ❒No ❒Not Sure

 If no or not sure, please provide more information on why it did not fit easily into an existing process,

 and where you could see it fitting within the Aging Unit/ADRC structure?

**6. Have you completed motivational interviewing training (in-person or online)?**

❒Yes ❒No ❒Not Sure

Contact for pilot questions or additional information: Angie Sullivan, OAA Consultant GWAAR, angela.sullivan@gwaar.org or Sara Richie, Life Span Program Manager, UW-Madison Division of the Extension sara.richie@wisc.edu