The PAN.DEM assessment
Respondents: informal carers in the LIVE@Home.Path trial

1. Date of birth: mm.dd.yyyy

2. Are you temporarily laid off due to the covid-19 restrictions?
   - Yes
   - No
   - Not applicable

3. During the last month, have you been quarantined due to covid-19?
   - Yes
   - No

   If yes, please specify:

4. Does the person with dementia have insight into the covid-19 situation?
   - To no degree
   - Partial
   - Sufficient

5. To what degree are you concerned that the person with dementia will be infected with covid-19?
   Tick a number on the scale from 0-10 (0=not at all; 10=as much as possible):

   0  1  2  3  4  5  6  7  8  9  10

6. To what degree are you concerned that you yourself will be infected with covid-19?
   Tick a number on the scale from 0-10 (0=not at all; 10=as much as possible)

   0  1  2  3  4  5  6  7  8  9  10
7. To what degree are you concerned that you yourself will be infected with covid-19?
Tick a number on the scale from 0-10: (0=not at all; 10=as much as possible):

8. To what degree are your concern for own infection sourced from your responsibilities as carer?
Tick a number on the scale from 0-10: (0=not at all; 10=as much as possible):

9. As a response to the covid-19 pandemic, did you discuss advanced care planning with the person with dementia? If yes, please specify below.

10. Did the covid-19 restrictions have any consequences for the healthcare services provided by the municipality for the person with dementia (e.g. home nursing services, activity groups, day care centre, respite care).

   Yes
   No

   If yes, specify per Resource Utilization in Dementia Version 4 section A2.2.5

11. Have you avoided or postponed contacts with health care professionals due to the COVID-19 pandemic and the restrictions?

   Yes
   No

   If yes, please specify:

12. Informal care time assessed by Resource Utilization in Dementia Version 4 section B1.2
13 Has the food habits and appetite of the person with dementia changed under to the covid-19 restrictions?

- Yes
- No

If yes, please specify: Tick one or several items.

- Eats/drinks less
- Loss of appetite
- Eats more
- Eats mote unhealthy food
- Has stopped preparing food him/herself
- Heats prepared food
- Is unable to maintain diet without help from informal or formal carers

14 Neuropsychiatric inventory (12 item version) ³

15 Cornell Scale of Depression in Dementia ⁴

16 Has the pandemic had any consequences for services provided by volunteers?

- Yes
- No

If yes, specify as applicable:

17 Has the covid-19 restrictions increased your interest in assistive technology?

- Yes
- No

If yes, specify as applicable including complaint/need, type of technology, if acquired, including privately financed or municipally funded:
Compared to pre-pandemic levels, what sort of contact have you had with the person with dementia? Tick one or several items.

- Unchanged
- Increased
- Reduced
- No contact at all
- More digital contact

Have you implemented measures and restrictions to prevent transmission of covid-19 to the person with dementia? Please specify as applicable:

Compared to immediately before the pandemic, how would you rank your own total situation as a carer?  

Tick a number from -5 (much worse) to 5 (much better), via 0 (no change).

-5 -4 -3 -2 -1 0 1 2 3 4 5

Do you have any additional comments? Please specify as applicable:

References


