We invite you to participate in a research study being conducted by investigators from The University of Iowa. The purpose of the study is to learn what recommendations neuropsychologists give to their patients in practice. If you agree to participate, we would like you to take a brief survey that asks about the frequency with which you give certain recommendations to patients. You are free to skip any questions that you prefer not to answer. It is estimated that the electronic survey takes approximately 15 minutes to complete. We will not collect your name or any identifying information about you. It will not be possible to link you to your responses on the survey. Once you have completed the survey, you will be given the option to provide your email address if you would like to receive a $10 Amazon gift card. It is not required that you provide this information. If you decide to provide your email address in order to receive the $10 gift card, your email will not be linked in any way with your responses to the survey. Therefore, your responses will remain anonymous. Once the electronic gift card has been sent to you via email, we will delete any record of your email address. Taking part in this research study is completely voluntary. If you do not wish to participate in this study, please feel free to decline participation in the electronic survey. If you have questions about the rights of research subjects, please contact the Human Subjects Office, 105 Hardin Library for the Health Sciences, 600 Newton Rd, The University of Iowa, Iowa City, IA

Are you a licensed psychologist who conducts neuropsychological assessments?

* No
* Yes

Do you practice in the United States?

* No
* Yes

Do you regularly work with adult patients (18 years of age or older)?

* No
* Yes

Do you regularly see patients with at least one of the following diagnoses?

Dementia

Traumatic brain injury (TBI)

Stroke

Multiple sclerosis (MS)

Movement disorders (e.g., Parkinson's disease, Huntington's disease)

Psychiatric disorders (e.g., personality disorders, mood disorders,anxiety disorders, or psychotic disorders)

* No
* Yes

*If “No” is selected for any of the above items, participant receives the following message and is excluded from participation:*

*Unfortunately, you do not meet inclusion criteria to participate in this survey. Thank you for your interest in participating.*

Choose up to three diagnoses that you assess the most often when conducting neuropsychological assessments with adult patients (18 years of age or older).

* dementia
* traumatic brain injury (TBI)
* stroke
* epilepsy
* multiple sclerosis (MS)
* movement disorders (e.g., Parkinson's disease, Huntington's disease)
* psychiatric disorders (e.g., personality disorders, mood disorders, anxiety disorders, or psychotic disorders)

*Based on their responses, participants were then randomly assigned to one of the diagnoses chosen (herein referred to as XXXX) and received the following questions about that diagnosis.*

Indicate the frequency with which you have given each recommendation, pertaining to level of supervision and independence, in the past year to your adult patients diagnosed with their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Arrange environment at home to mitigate safety risks (e.g., restrict access to firearms and power tools) |  |  |  |  |  |
| Life alert system |  |  |  |  |  |
| Identification bracelet for patient with caregiver’s contact information |  |  |  |  |  |
| Increased supervision of patient's activities of daily living (e.g., finances, medications, meal planning, cooking, childcare) |  |  |  |  |  |
| Power of attorney |  |  |  |  |  |
| Supervision over patient's important decisions (e.g., medical, financial, legal) |  |  |  |  |  |
| Caregiver attendance at patient’s medical appointments |  |  |  |  |  |
| Respite care/Home health aid |  |  |  |  |  |
| Adult daycare |  |  |  |  |  |
| Assisted living |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to driving, in the past year to your adult patients diagnosed with XXXX or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Stop driving |  |  |  |  |  |
| Limit distractions (e.g., phone conversations, radio) while driving |  |  |  |  |  |
| Limit driving to low-demand conditions (e.g., stay in familiar areas with low traffic) |  |  |  |  |  |
| Family members should routinely observe patient’s driving to check safety |  |  |  |  |  |
| On-the-road assessment (e.g., Department of Motor Vehicles (DMV), hospital-based driving safety evaluation) |  |  |  |  |  |
| Alternative modes of transportation |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to educational resources, in the past year to your adult patients diagnosed with or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Specific book (e.g., "36-hour Day") or website |  |  |  |  |  |
| Referral to an agency (e.g., Alzheimer’s Association) |  |  |  |  |  |
| Social worker |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to mental health, in the past year to your adult patients diagnosed with XXXX or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Psychiatrist |  |  |  |  |  |
| Medication management by primary care physician (PCP) for mental health concerns |  |  |  |  |  |
| Cognitive rehabilitation |  |  |  |  |  |
| Marital therapy |  |  |  |  |  |
| Family therapy |  |  |  |  |  |
| Substance abuse treatment |  |  |  |  |  |
| Individual therapy |  |  |  |  |  |
| Group Therapy |  |  |  |  |  |
| Support group |  |  |  |  |  |
| Neuropsychological re-evaluation after a specific time period has elapsed |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to medical referrals, in the past year to your adult patients diagnosed with XXXX or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Medical doctor (e.g., prescribe nonpsychatric medication, surgical intervention, imaging) |  |  |  |  |  |
| Physical therapist |  |  |  |  |  |
| Speech therapist |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |
| Dietician |  |  |  |  |  |
| Sleep study |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to health, in the past year to your adult patients diagnosed with XXXX or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Exercise |  |  |  |  |  |
| Eat healthy/diet |  |  |  |  |  |
| CPAP machine use |  |  |  |  |  |
| Adherence to medications |  |  |  |  |  |
| Reduce use of drugs (e.g., alcohol, narcotics, marijuana, caffeine, nicotine) |  |  |  |  |  |
| Maximize protective steps to avoid head injury (e.g., wear helmet, install support bars in shower, play non-contact sports) |  |  |  |  |  |
| Sleep hygiene |  |  |  |  |  |
| Engage in activities to promote mental stimulation (e.g., cross word puzzle, reading) |  |  |  |  |  |
| Engage in activities known to improve mood (e.g., socialize, partake in enjoyable activities) |  |  |  |  |  |
| Self-care (e.g., elicit support from family and friends, practice self-compassion) |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to employment and education, in the past year to your adult patients diagnosed with XXXXor their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Current position is no longer appropriate |  |  |  |  |  |
| Consider other positions that may be more appropriate |  |  |  |  |  |
| Gradual return to work or school |  |  |  |  |  |
| Reasonable accommodations (e.g., reduced distraction environment) |  |  |  |  |  |
| Adjust responsibilities at work or school (e.g., reduced workload) |  |  |  |  |  |
| Apply for disability |  |  |  |  |  |
| Vocational rehabilitation services |  |  |  |  |  |

Indicate the frequency with which you have given each recommendation, pertaining to organization, memory, and attention strategies, in the past year to your adult patients diagnosed with XXXX or their caregivers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| Limit distraction (e.g., clutter free/quiet work environment) |  |  |  |  |  |
| Pace activities (e.g., plan activities short in duration with frequent breaks) |  |  |  |  |  |
| Engage in one task at a time (e.g., limit multitasking) |  |  |  |  |  |
| Engage in challenging tasks at most alert/effective time during the day |  |  |  |  |  |
| Check work regularly |  |  |  |  |  |
| Allow extra time to complete tasks or express thoughts |  |  |  |  |  |
| Use a phrase or action that decreases likelihood of impulsive behavior (e.g., deep breath) |  |  |  |  |  |
| Develop a schedule/routine |  |  |  |  |  |
| Modification in caregiver communication style with patient (e.g., speak at reduced speed) |  |  |  |  |  |
| Calendar, memory notebook, or audio recorder |  |  |  |  |  |
| External cues (e.g., alarms, reminders, labels) |  |  |  |  |  |
| Centralized location to keep important items (e.g., cell phone, wallet, keys) |  |  |  |  |  |
| Link behaviors that occur naturally together (e.g., always take medication when brush teeth) |  |  |  |  |  |
| Pill box |  |  |  |  |  |
| Elaboration strategies (e.g., mnemonics) |  |  |  |  |  |

List any other recommendations that you gave to adult patients with XXXX or their caregivers in the past year that were not already listed above, and then indicate the frequency with which you gave them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |
|   |  |  |  |  |  |

Provide the following information about the adult patients that you assessed with a diagnosis of XXXX in the past year.

How often did the patient group mentioned above bring a family member or a caregiver with them to their appointment with you?

* Never
* Rarely
* Sometimes
* Often
* Always

Indicate the percentage of patients in the group mentioned above that were members of ethnic or racial minority groups.

\_\_\_\_\_\_ 0%

Indicate the percentage of time that you assessed the patient group mentioned above with the following levels of functional impairment (responses should total to 100 percent).

\_\_\_\_\_\_ No Impairment

\_\_\_\_\_\_ Very Mild

\_\_\_\_\_\_ Mild

\_\_\_\_\_\_ Moderate

\_\_\_\_\_\_ Severe

Numerically rank the two most commonly reported levels of education for the patient group mentioned above by assigning ranks to the top two, where '1' = 'most frequent education level' and '2' = 'second most frequent education level'.

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

\_\_\_\_\_\_ 12 years (high school graduate)

\_\_\_\_\_\_ 13-15 (some college)

\_\_\_\_\_\_ 16 (college graduate)

\_\_\_\_\_\_ 18 (master’s degree)

\_\_\_\_\_\_ >20

What was the average age of the patient group mentioned above?

* 18

*Options listed 19-99 omitted here for space*

* 100

In your opinion, how often was the patient group mentioned above motivated to follow through with recommendations?

* Never
* Rarely
* Sometimes
* Often
* Always

Answer the following questions about your views and practices conducting neuropsychological assessments with adult patients diagnosed with XXXX in the past year.

While conducting neuropsychological assessments, what percentage of your time did you spend working with the patient group mentioned above?

\_\_\_\_\_\_ %

Numerically rank the two most frequent referral questions that you received regarding the patient group mentioned above by assigning ranks to your top two, where '1' = 'most frequent referral source' and '2' = 'second most frequent referral source'.

\_\_\_\_\_\_ Determination of diagnosis

\_\_\_\_\_\_ Rehabilitation/treatment planning

\_\_\_\_\_\_ Forensic

\_\_\_\_\_\_ Educational planning

\_\_\_\_\_\_ Assess capacity to work

\_\_\_\_\_\_ Establish baseline of function for subsequent testing

\_\_\_\_\_\_ Assess capacity for independent living

\_\_\_\_\_\_ Pre-and post-medical intervention

\_\_\_\_\_\_ Localization of lesion

How often did you individualize recommendations for the patient group mentioned above and their family members (e.g., look up specific resources)?

* Never
* Rarely
* Sometimes
* Often
* Always

Please numerically rank the top two means by which you learned of the recommendations that you currently give to the patient group mentioned above by assigning ranks to your top two, where '1' = 'most frequent mean' and '2' = 'second most frequent mean'.

\_\_\_\_\_\_ Supervisors

\_\_\_\_\_\_ Empirical data (e.g., journal articles)

\_\_\_\_\_\_ Clinical experiences (trial and error through practice)

\_\_\_\_\_\_ Books (e.g., "36-hour Day", "Taking Charge of Adult ADHD")

\_\_\_\_\_\_ Formal didactics (e.g., educational workshops, classes)

\_\_\_\_\_\_ Consultation with colleagues

In what setting do you most often assess the patient group mentioned above?

* Inpatient
* Outpatient

How many recommendations, on average, did you give to the patient group mentioned above after conducting a neuropsychological assessment?

* 0

*Options listed 1-24 omitted here for space*

* 25

 Answer the following questions about yourself and your neuropsychological assessment practices in general (not in regard to working with a specific patient population).

When conducting neuropsychological evaluations, please indicate the percentage of your time that you assess patients who are the following ages (responses should total to 100 percent).

\_\_\_\_\_\_ Children (ages 0-11):

\_\_\_\_\_\_ Adolescents (ages 12-18):

\_\_\_\_\_\_ Young Adults (ages 19-39):

\_\_\_\_\_\_ Older Adults (ages 40-65):

\_\_\_\_\_\_ Geriatrics (ages > 65):

Numerically rank the two most frequent professional activities that you engage in by assigning ranks to your top two, where '1' = 'most frequent professional activity' and '2' = 'second most frequent professional activity'.

\_\_\_\_\_\_ Neuropsychological Assessment

\_\_\_\_\_\_ Rehabilitation and/or cognitive remediation

\_\_\_\_\_\_ Psychotherapy

\_\_\_\_\_\_ Clinical supervision or training

\_\_\_\_\_\_ Research

\_\_\_\_\_\_ Teaching

\_\_\_\_\_\_ Service in professional organizations

What best describes your primary employment setting?

* Medical Hospital
* VA
* Private Practice
* Rehabilitation Setting
* College or University
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On average, how many neuropsychological reports do you generate per month?

* 0
* *Options listed 1-199 omitted here for space*
* 200

Indicate the percentage of time you communicate recommendations via the following methods to patients/caregivers (responses should total to 100 percent).

\_\_\_\_\_\_ Verbally

\_\_\_\_\_\_ Written

\_\_\_\_\_\_ Both Verbally and written

\_\_\_\_\_\_ No communication

Indicate the average number of minutes that you spend conducting feedback sessions (communicating results from the assessment and discussing recommendations) with each patient and/or their family.

* 0
* *Options listed 1-179 omitted here for space*
* 180

Indicate the percentage of time you communicate recommendations via the following methods to the referral source  (responses should total to 100 percent).

\_\_\_\_\_\_ Verbally

\_\_\_\_\_\_ Written

\_\_\_\_\_\_ Both verbally and written

\_\_\_\_\_\_ No communication

What is your gender?

* Female
* Male

What is your highest professional degree?

* PhD
* PsyD
* EdD
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the field in which degree your was awarded?

* Clinical Psychology
* Neuropsychology
* Counseling Psychology
* School Psychology
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed a post-doctoral fellowship in neuropsychology?

* No
* Yes

Are you board certified in neuropsychology?

* No
* Yes

How many years have you been conducting neuropsychological assessments as a licensed clinical psychologist?

* 0
* *Options listed 1-78 omitted here for space*
* 79

Where do you practice?

* Northeast
* Southeast
* Midwest
* Southwest
* West

What is the term that best describes the population density of where you practice?

* Urban
* Suburban
* Rural

Thank you for your time and effort. To submit your completed survey, please click on the right arrow at the bottom of the page. Once you have submitted your responses, you will be redirected to a link that will give you the option of entering your email address in order to receive a $10 Amazon gift card via email as a token of our gratitude for your participation in this survey.