**Dementia and Safe Practice**

**Multiple Choice Questions – With Answers**

[Segment 1 – What Is Dementia 2](#_Toc63006180)

[Segment 2 – Understanding the Brain 4](#_Toc63006181)

[Segment 3 – Fundamental Brain Differences 7](#_Toc63006182)

[Segment 4 – Conditions that are not Dementia 9](#_Toc63006183)

[Segment 5 – Types of Dementia 11](#_Toc63006184)

[Segment 6 – Irreversible Dementia 14](#_Toc63006185)

[Segment 7 – Dementia: Delirium and Depression 16](#_Toc63006186)

[Segment 8 – Diagnosis of Dementia 18](#_Toc63006187)

[Segment 9 – Stages of Dementia 20](#_Toc63006188)

[Segment 10 – Co-existing Conditions 22](#_Toc63006189)

[Segment 11 – End of Life Care 24](#_Toc63006190)

[Segment 12 - Impact of Dementia on Daily Living 27](#_Toc63006191)

[Segment 13 – Meaningful Activity 29](#_Toc63006192)

[Segment 14 – Restraint and the Person’s Rights 31](#_Toc63006193)

[Segment 15 – Restraint 33](#_Toc63006194)

[Segment 16 – Making decisions – Advanced Care Planning 36](#_Toc63006195)

[Segment 17 – Making Decisions – Enduring Power of Attorney 38](#_Toc63006196)

[Segment 18 – Making Decisions – Advanced Directives 40](#_Toc63006197)

## Segment 1 – What Is Dementia

1) What is dementia?

* 1. It is a disease that interrupts the flow of information from the parts of the brain that store memories
  2. It is a disease that affects a persons’ cognitive ability
  3. It is a chronic condition brought on by infection in the brain which impacts a persons’ cognitive reasoning and memory
  4. It is a term used to describe any chronic or temporary disorder of cognitive functioning
  5. **It is the overarching term used to describe a chronic disorder of mental functioning caused by physical damage in the brain as a result of injury**

2) Damage caused by all types of dementia leads to what?

* 1. Increased disorientation and aggression
  2. **Progressive loss of brain tissue**
  3. Progressive loss of ability unless treated with appropriate medications
  4. Death
  5. A person requiring 24-hour supervision

3) Which of the following is NOT a symptom of dementia?

* 1. Memory impairment
  2. Ability to think and reason declining
  3. **Pain and Migraines**
  4. Behaviour changes
  5. Problems with eating

4) True or False: Memory loss with no other symptoms is still enough to diagnose dementia

* 1. **False**
  2. True

5) With dementia, cognitive reason begins to decline, what is cognitive reason?

* 1. Ability to make and interpret memories
  2. The way in which a body forms memory on how to move such as dance steps
  3. The ability to solve problems
  4. **Ability to think and reason**
  5. All of the above

6) Why are people with dementia at higher risk for falls?

* 1. They forget how to use their legs
  2. They get confused and lost easier
  3. **Their reaction time is slower**
  4. They forget how to use stairs and ramps
  5. Dementia does not put a person at higher risk for falls

7) Dementia is a progressive what?

* 1. Cognitive disorder
  2. Cognitive Infection
  3. Neurological infection
  4. **Neurological disorder**
  5. Illness impacting the whole body

8) Physical changes occur within the brain cells, disrupting the What?

* 1. **Electrical charges in the cells**
  2. Neurons
  3. Chemical reactions within the brain
  4. Optic nerves
  5. Grey matter within the brain

9) True or False: People with dementia will experience the same symptoms and progression of illness rates

* 1. True
  2. **False**

10) How many states of dementia are there?

* 1. 1
  2. 2
  3. **3**
  4. 4
  5. 5

## Segment 2 – Understanding the Brain

1) Fill in the blank: The brain has over \_\_\_\_\_\_\_\_\_\_\_\_ nerve cells called neurons.

* 1. 10 thousand
  2. 100 thousand
  3. 100 million
  4. 10 billion
  5. **100 billion**

2) Brain function is carried out by the network of what?

* 1. **Nerve cells**
  2. White and grey matter
  3. Muscle
  4. Tissue
  5. All of the above

3) With dementia, there are physical changes in the brain that does what?

* 1. Destroys the nerve cells responsible for ‘communicating’ messages to and from the brain
  2. **Disrupt the electrical charges and the cells’ ability to ‘communicate’ with other cells**
  3. Causes the grey matter to disintegrate which impacts on the cells that ‘hold memories’
  4. Slows down the electrical charges and the cells ability to ‘communicate’ with other cells
  5. Decreases the number of electrical charges the brain is usually capable of

4) As the disease progresses, the parts of the brain that are affected begin to lose tissue causing the brain to do what?

* 1. Disintegrate
  2. Die
  3. **Shrink**
  4. Stop working effectively
  5. Confuse signals

5) What is the cerebrum?

* 1. It is the part of the brain that fills most of the bony skull
  2. It is the part of the brain involved in remembering, problem solving
  3. It is the part of the brain involved in thinking and feeling
  4. It is the part of the brain that controls movement
  5. **All of the above**

6) The brain stem sits where?

* 1. Underneath the cerebellum in front of the cerebrum
  2. Above the cerebellum in front of the cerebrum
  3. Above the cerebrum in front of the cerebellum
  4. **Underneath the cerebrum in front of the cerebellum**
  5. Underneath the cerebrum behind the cerebellum

7) The left side of the brain controls what?

1. **The right side of the body and is responsible for logic, that is science and mathematics**
2. The right side of the body and is responsible for creativity and arts
3. The left side of the body and is responsible for logic, that is science and mathematics
4. The left side of the body and is responsible for creativity and arts
5. The left side of the body and is responsible for thoughts, feelings and emotions

8) Each hemisphere of the brain is divided into how many parts?

* 1. 1
  2. 2
  3. 3
  4. **4**
  5. 5

9) Which lobe is responsible for processing auditory information?

* 1. Parietal
  2. **Temporal**
  3. Occipital
  4. Frontal
  5. All of the above

10) Which part of the brain is responsible for motor function?

* 1. Parietal
  2. Temporal
  3. Occipital
  4. **Frontal**
  5. All of the above

11) What is the occipital lobe responsible for?

* 1. What you see / vision
  2. What you hear / Auditory
  3. Thinking and reasoning
  4. What you touch / Sensory
  5. Regulates the 5 senses

12) The area that allows the two hemispheres to communicate with each other and to share information is called what?

* 1. Grey matter
  2. Brain stem
  3. White matter
  4. **Corpus colosseum**
  5. Temporal lobe

## Segment 3 – Fundamental Brain Differences

1) True or false: In all older brains, regardless of they have dementia or not, neurons suffer damage

* 1. True
  2. **False**

2) Plaques and tangles are present in every brain from what age?

* 1. 45
  2. **55**
  3. 65
  4. 75
  5. 85

3) What are plaques and tangles?

* 1. **A special type of protein that assist in the normal functioning of the nerve cells and the movement of proteins within the nerve cells**
  2. A twisting or blockage that would result in the collapse of transport systems with the nerve cells meaning the messaged are interrupted
  3. A special type of calcium that builds up in the nerve bunches causing a disruption to the flow of information from the brain
  4. A special type of calcium that causes a hardening of the nerves resulting in the nerves not being able to transmit messages effectively
  5. A type of protein that ‘eats’ away at the lobes of the brain impacting a persons’ ability according to where the damage has occurred

4) In a person with dementia, plaques and tangles can accumulate where?

* 1. **Between and within the nerve cells**
  2. Over the surface of the lobes
  3. Around the brain stem
  4. Around the corpus collosum
  5. All of the above

5) True or false: Regardless if a person has dementia or not, memory loss is a part of aging

* 1. True
  2. **False**

6) Which of the following is NOT a true statement about normal aging

* 1. It becomes more difficult to focus on one task while ignoring another
  2. It may be difficult to remember personal experiences
  3. Cognitive abilities gradually change
  4. **As the brain ages the neurons will die or diminish**
  5. People will not forget how to do tasks that have been cemented in long term memory

7) Fill in the blank: One of the major changes is that we process \_\_\_\_\_\_\_\_\_\_\_\_\_ more slowly as we age.

* 1. **Information**
  2. Cognitive action
  3. Movement
  4. Opinions
  5. Activities

8) In a person with dementia, what happens to messages between brain cells?

* 1. They misfire and go to the wrong parts
  2. They stop sending messages
  3. **They become disrupted**
  4. They become delayed
  5. The messages between the brain cells continue to work, it is when the messages are to leave the brain into action that there becomes a problem

## Segment 4 – Conditions that are not Dementia

1) Dementia is a group of symptoms affecting cognition, behaviour and what?

* 1. **Social abilities**
  2. Physical health
  3. Emotional regulation
  4. Energy
  5. Physical ability

2) Dementia indicates problems with at least how many different functions?

* 1. 1
  2. **2**
  3. 3
  4. 4
  5. 5

3) True or false: A diagnosis of dementia would not be made before other possible conditions were ruled out.

* 1. **True**
  2. False

4) Which of the following does NOT cause acute confusion or delirium?

* 1. Heart attack
  2. Stroke
  3. **Alzheimer’s**
  4. Infection
  5. Injury

5) Which of the following is a way that depression can appear to be like dementia?

* 1. Changes in cognition
  2. Affects a persons’ concentration
  3. Irritable
  4. Change in appetite
  5. **All of the above**

6) Why should you check a person's medications if you are worried, they are showing symptoms of dementia?

* 1. They might already be on medication for dementia
  2. **Side effects of some medications can mimic dementia**
  3. It is part of the health screening for dementia
  4. To check they have been taking their medication as forgetting to take medicine is a part of dementia
  5. To ensure they are taking the right dose to stop brain degeneration

7) If a person appears to be taking longer than normal to process information, what might this be a sign of?

* 1. Kidney disease
  2. Brain haemorrhage
  3. Overdose of medication
  4. **Normal aging**
  5. It is a symptom only linked to dementia

8) What factors can influence behaviours?

* 1. Loneliness
  2. Fear
  3. How the support worker treats the person
  4. Dehydration
  5. **All of the above**

## Segment 5 – Types of Dementia

1) Which of these is NOT reversable when it comes to memory loss?

* 1. Medication interactions
  2. Depression
  3. Vitamin deficiency
  4. **Dementia**
  5. Hormone abnormalities

2) Which vitamin deficiency can cause confusion?

* 1. Vitamin A
  2. **Vitamin B**
  3. Vitamin C
  4. Vitamin D
  5. Vitamin E

3) Alzheimer’s makes up what percentage of dementia diagnoses?

* 1. 30 – 40%
  2. 40 – 50%
  3. **50 – 60%**
  4. 60 – 70%
  5. 70 – 80%

4) What is the second most common form of dementia?

* 1. Alzheimer's
  2. Parkinson's
  3. TIA
  4. Creutzfeldt Jakob’s Disease
  5. **Vascular dementia**

5) Which of the following is not a type of vascular dementia?

* 1. **Lewy body**
  2. Stroke
  3. TIA
  4. Multi-Infarct
  5. Subcortical

6) Picks disease is a form of what type of dementia?

* 1. Lewy body
  2. **Frontal lobe**
  3. Vascular
  4. Creutzfeldt Jakob’s Disease
  5. Alzheimer's

7) What is the difference between a healthy brain and a brain with Alzheimer's

* 1. The brain becomes enlarged with Alzheimer's
  2. There is more grey matter in a healthy brain
  3. Th brain stem has shrunk in Alzheimer's brain
  4. **Have fewer nerve cells and connections in Alzheimer's brain**
  5. There is no physical difference

8) People with Alzheimer's experience an abnormal build-up of what in the brain

* 1. Calcium
  2. Helium
  3. **Protein**
  4. Vitamin B
  5. Macrophage

9) What is vascular dementia?

* 1. When he capillaries in the brain become incompetent and do not provide enough blood to brain cells so they die off
  2. **When cells in the brain die when the oxygen supply is cut off**
  3. When abnormal clumps of protein develop in the nerves
  4. When abnormal clumps of protein develop in the veins
  5. When the brain has received a traumatic injury

10) Which type of dementia is linked to abnormal clumps of protein developing in the nerve cells?

* 1. **Lewy body dementia**
  2. Alzheimer’s
  3. Frontal lobe
  4. Creutzfeldt Jakob’s Disease
  5. This is an indicator in all dementias

## Segment 6 – Irreversible Dementia

1) Irreversible dementia is also known as what?

* 1. **Degenerative**
  2. Definitive
  3. Terminal
  4. Finalative
  5. Total

1. Alzheimer's accounts for what percentage of degenerative dementias.
   1. 30 – 40%
   2. 40 – 50%
   3. **50 – 60%**
   4. 60 – 70%
   5. Alzheimer's is the only form of degenerative dementia
2. The brains of people living with Alzheimer’s disease have fewer what than a healthy brain?
   1. Red blood cells
   2. Areas of grey matter
   3. Pockets of fluid
   4. **Nerve cells and connections**
   5. Capillaries
3. People with Alzheimer's experience a build of up what in the brain?
   1. Macrophage
   2. Calcification
   3. Calcium
   4. Magnesium
   5. **Protein**
4. True or false: The symptoms a person will first experience is dependent on the area of the brain impacted by Alzheimer's.
   1. **True**
   2. False
5. What type of irreversible dementia is caused by a stroke?
   1. Alzheimer’s
   2. Lewy body
   3. **Vascular dementia**
   4. Picks disease
   5. Stroke does not cause dementia
6. Symptoms of Lewy body can often be similar to what other illness?
   1. Heart failure
   2. **Parkinson’s**
   3. Alcoholism
   4. Brain tumour
   5. Stroke
7. Picks disease often affects younger people in what age group?
   1. Pre 20
   2. 20 – 30
   3. 25 - 49
   4. 30 – 59
   5. **40 – 64**
8. Which of the following is a rare degenerative disease which has a rapid progression with the person usually dying within a year of the onset?
   1. Alzheimer’s
   2. Lewy Body
   3. Vascular
   4. Picks
   5. **Creutzfeldt-Jakob disease**

## Segment 7 – Dementia: Delirium and Depression

1) Delirium is a what state of confusion?

* 1. Permanent
  2. **Temporary**
  3. Acute
  4. Chronic
  5. Fatal

1. What is sundown syndrome?
   1. When a person has a period of delirium during the evening
   2. When delirium is resolved during the evening
   3. **When a person with dementia becomes increasingly agitated in the evening**
   4. When a person with dementia becomes lucid during the evening
   5. When a person with dementia becomes catatonic during the evening
2. Which of the following is NOT what happens when a person experiences delirium?
   1. Their alertness and attention fluctuates
   2. Sleep disturbed
   3. Memory impaired
   4. Speech disorganised
   5. **Become highly aggressive**
3. How quickly will depression come on?
   1. It can come on overnight
   2. It is fairly quick, such as due to a traumatic incident
   3. It can happen over a few days to weeks
   4. **It can happen over a few weeks to months**
   5. It will happen over months, usually about 6 – 8
4. The statement “Their thinking is very negative, and they put themselves down” pertains to which illness
   1. **Depression**
   2. Delirium
   3. Dementia
   4. All of the above
   5. None of the above
5. Which of the following is a symptom of dementia, delirium, and depression?
   1. Sleep disruptions
   2. Memory loss or confusion
   3. Alertness fluctuates
   4. **All of the above**
   5. There are no symptoms that all 3 have the same
6. What needs to happen in order to ensure the correct treatment is given?
   1. A drug regime trial
   2. **An accurate assessment**
   3. A planning meeting
   4. A brain scan
   5. Behaviour management plan
7. A dementia progression is likely to happen over what time frame?
   1. Days to weeks
   2. Weeks to months
   3. **Months to years**
   4. Over years
   5. All of the above

## Segment 8 – Diagnosis of Dementia

1) Sometimes as a part of diagnosis a person might need to be monitored for how long?

* 1. 24 hours
  2. 48 hours
  3. A week
  4. A month
  5. **A few months**

1. What is the first step towards a diagnosis?
   1. Blood test
   2. **Discussing concerns with a doctor**
   3. Meeting with a psychiatrist
   4. Family keeping a journal of behaviours
   5. Ruling out other illnesses
2. What is part of the diagnosis process?
   1. Doctor talking to the person who is suspected to have dementia
   2. Memory test
   3. Brain scan
   4. Physical examination
   5. **All of the above**
3. How many different types of scans can be done to assess for dementia?
   1. 1
   2. 2
   3. **3**
   4. 4
   5. 5
4. If you are supporting a person who is suspected of having dementia, what is a useful thing you can you do to help the diagnosis process?
   1. Advocate for urgent appointments
   2. Begin cognitive exercises
   3. Treat them as if they have already been diagnosed
   4. **Write down any questions or worrying signs**
   5. Discuss with the person what the diagnosis will mean for them
5. If you do not understand some of the medical terms used by the doctor, what should you do?
   1. **Ask for clarification**
   2. Google it
   3. Ask a colleague later
   4. You will figure it out as you work with them
   5. Pretend you know and understand so that you do not look incompetent
6. How can Dementia be treated?
   1. There is medication that can be taken that will reverse the effects of dementia if caught early enough
   2. **There are medications available for mild dementia that help lesson some of the symptoms**
   3. There is no medical treatment, however you can put supports in place to help them with their memory such as certain games or photos to encourage memory
   4. Electric shock therapy has proven to be helpful in cases of mild dementia
   5. There is no cure, the person will lose function due to dementia
7. What is the greatest risk factor for dementia?
   1. **Advancing age**
   2. Comorbidities
   3. Other risk factors such as heart disease
   4. Genetics
   5. Other mental health issues
8. True or false: People living with Down syndrome are more at risk of developing dementia in adult life
   1. **True**
   2. False
9. What percentage of HIV patients develop symptoms of dementia?
   1. 0 – there is no link
   2. 5%
   3. 10%
   4. **20%**
   5. 40%

## Segment 9 – Stages of Dementia

1) How many stages of dementia are there usually?

* 1. 1
  2. 2
  3. **3**
  4. 4
  5. 5

1. At what stage of dementia might a person still be able to work or drive?
   1. Post dementia
   2. **Early dementia**
   3. Moderate dementia
   4. Advanced dementia
   5. Severe dementia
2. Symptoms of early dementia can be best characterized by which statement?
   1. **A person may have difficulty with cognitive tasks that they used to find easy**
   2. A person may not be able to remember people or places names
   3. A person will experience difficulty with activities of daily living
   4. A person will have trouble to learn new tasks
   5. A person may act aggressive or out of character
3. When a person is moving from early dementia to moderate dementia, you might find they are more what?
   1. Promiscuous
   2. Aggressive
   3. Heightened mania
   4. **Moody or withdrawn**
   5. Tired
4. Trouble controlling bladder and bowels can be first detected in what stage of dementia?
   1. Early
   2. Mild
   3. **Moderate**
   4. Severe
   5. Late
5. Suspiciousness, delusions, or compulsive, repetitive behaviour are linked to what stage of dementia?
   1. These behaviours are not linked to dementia and should be investigate for mental illness
   2. Late
   3. Severe
   4. **Moderate**
   5. Mild
6. In late-stage dementia, a person may need what level of support?
   1. Home help for an hour or two a day
   2. Home help for 3 to 4 hours a day
   3. Family care
   4. Retirement village support
   5. **24-hour assistance**
7. True or false: In late-stage dementia a person will lose physical ability as well as cognitive ability
   1. **True**
   2. False
8. How quickly will a person progress through the stages of dementia
   1. Days
   2. Weeks
   3. Months
   4. Years
   5. **Will vary from person to person**

## Segment 10 – Co-existing Conditions

1) What has been developed as a response to the growing population of people living with dementia?

* 1. New Zealand Dementia Care Act
  2. **New Zealand Framework for Dementia Care**
  3. International Framework for Dementia Care
  4. Australasian Framework for Dementia Care
  5. International Dementia Care code of conduct

2) When working with people who have dementia, what type of approach is best to maximize a persons’ wellbeing?

* 1. **An Integrated approach**
  2. A Medical approach
  3. A Cultural approach
  4. A Blended approach
  5. A Triangulated approach

3) Dementia is very often accompanied by one or more other serious medical conditions; this is called what?

* 1. Multi-Complex condition
  2. Cluster condition
  3. **Co-existing conditions**
  4. Homogenous condition
  5. All of the above, they are interchangeable

4) Which of the following is a common medical condition that people with dementia also have?

* 1. Hypertension
  2. Coronary artery disease
  3. COPD
  4. **All of the above**
  5. It is not common for people with dementia to have other conditions

5) Scenario: A person is living with dementia, they have a co-existing condition of osteoarthritis, they are waiting for a knee replacement and their behaviour is very grumpy and distressed today. This is likely due to what and what should you do?

* 1. Not sure, ask the client what is wrong
  2. **Pain, ensure they have good pain relief to rule out if pain is the issue**
  3. Dementia, start a behaviour chart to see if their cognition is declining
  4. Dementia, they are likely missing someone, you could see if family can visit
  5. Medications, they are likely having a reaction to their medication, and you should talk to the doctor about it

6) Why is diabetes considered a risk factor for vascular dementia?

* 1. Because all co-existing conditions are considered a risk factor for vascular dementia
  2. Because the medication required to control diabetes changes blood pressure
  3. Because the medication required to control diabetes impacts senses
  4. Because diabetes impacts the function of all major organs including the brain
  5. **Because of the damage caused by blocked blood vessels to the brain**

7) Why are the kidneys and the brain both susceptible to vascular damage?

* 1. **Because they are both broadly similar anatomically with blood flow features**
  2. Because they both have intricate filtration systems
  3. Because of the force at which the blood flows through them
  4. Because they are both easily damaged due to the tissue they are made from
  5. Because all organs are susceptible for vascular damage

8) It is estimated that what percentage of people with Parkinson’s Disease will experience dementia?

* 1. 10 – 40%
  2. 20 – 50%
  3. 30 – 60%
  4. 40 – 70%
  5. **50 - 80%**

## Segment 11 – End of Life Care

1) Which of the following is NOT a common infection site during end-of-life care?

* 1. Urinary tract
  2. Eyes
  3. Respiratory system
  4. **Blood**
  5. Skin

1. Who are most at risk of UTIs?
   1. **Women**
   2. People who are continent
   3. Maori
   4. People who are active
   5. People who are taking vitamin C
2. A person should be moved and turned how often?
   1. At least every hour
   2. **At least every 2 hours**
   3. At least every 3 hours
   4. At least every 4 hours
   5. Whenever they ask
3. How can you reduce UTIs for clients?
   1. Give them the correct medication at the correct time
   2. Ensure they go to the toilet regularly
   3. **Good perineal care**
   4. Give them cranberry juice daily
   5. There is nothing you can do to avoid UTIs
4. How can you reduce the risk of fluid settling in lungs?
   1. Have the person lie on their right side
   2. Have the person lie on their left side
   3. Have them drink plenty of water
   4. Have them do arm and leg exercises even in bed
   5. **Have the person sit up as often as possible**
5. Palliative care is all about what?
   1. **Keeping people comfortable and pain free**
   2. Helping the person to pass away happy
   3. Helping a person recover from their illness
   4. Prolonging death as much as possible
   5. Helping a person to process their imminent death
6. You need to give people food they can what?
   1. Chew
   2. Enjoy
   3. **Tolerate**
   4. Drink
   5. Pick at
7. True or false: When a person is dying, they will become disinterested in food.
   1. **True**
   2. False
8. Which of the following is something you can offer a person when they have lost their appetite?
   1. Ice cream
   2. Melted chocolate
   3. Ice block
   4. Ice cube
   5. **All of the above**
9. What position should you never feed a person in?
   1. Sitting up
   2. On their right side
   3. On their left side
   4. **Lying down on their back**
   5. As long as the person is comfortable any position is fine
10. The inability to eat or drink is a sign of what?
    1. Infection
    2. **They are dying as a result of the disease**
    3. Neglect
    4. An underlying infection
    5. They wish to be euthanized
11. You should ensure that what is included in an assessment
    1. The persons likes and dislikes
    2. **Co-existing conditions**
    3. How the person is feeling
    4. What the family would like to have happen
    5. What you think is happening for the client

## Segment 12 - Impact of Dementia on Daily Living

1. What is often the first symptom that is noticed with dementia?
   1. **Short term memory**
   2. Ability to carry out tasks with 3 or more parts to the instruction
   3. Remembering sequences such as pin numbers and passwords
   4. Forgetting how to do tasks they have done for many years
   5. Incontinence
2. The ability to think and reasons is called what?
   1. Intellectual ability
   2. Emotional intelligence
   3. **Cognitive ability**
   4. Activity for daily living
   5. Common sense
3. Which of the following happens when there is cognitive decline?
   1. Affect decision making
   2. Judgement clouded
   3. Speed of reaction time slows
   4. Problem solving becomes a challenge
   5. **All of the above**
4. The care and sensitivity you use to interact and communicate with a person living with dementia can make a huge difference to their what?
   1. Recovery
   2. **Wellbeing**
   3. Memory
   4. Safety
   5. Tolerance of care
5. Which of the following is NOT an example of an area affected by Dementia?
   1. Cognitive
   2. Behavioural
   3. Functional
   4. **Consciousness**
   5. Psychological
6. If a person is not able to remember their PIN number, it is an example of what characteristic of dementia?
   1. **Cognitive**
   2. Behavioural
   3. Functional
   4. Physical
   5. Psychological
7. If a person is struggling to keep themselves hygienic, it is an example of what characteristic of dementia?
   1. Cognitive
   2. Behavioural
   3. **Functional**
   4. Physical
   5. Psychological
8. If a person is struggling to adjust to new surroundings or people around them, it is an example of what characteristic of dementia?
   1. Cognitive
   2. **Behavioural**
   3. Functional
   4. Physical
   5. Psychological
9. If a person's confidence is decreasing, it is an example of what characteristic of dementia?
   1. Cognitive
   2. Behavioural
   3. Functional
   4. Physical
   5. **Psychological**

## Segment 13 – Meaningful Activity

1. Which of the following is an example of an activity?
   1. Job
   2. Role
   3. Sport
   4. Self-care
   5. **All of the above**
2. Doing things people find enjoyable helps them to what?
   1. Fill in time
   2. **Feel good about themselves**
   3. Remember
   4. Be motivated
   5. Keep active
3. Meaningful activity is activity that is what to the person?
   1. **Relevant**
   2. Important
   3. Functional
   4. Exciting
   5. Challenging
4. What can meaningful activities do?
   1. Maintain existing skills
   2. Stimulate the senses
   3. Calms atmosphere
   4. Provides routine
   5. **All of the above**
5. True or false: Activities must be something active
   1. True
   2. **False**
6. What is an unstructured activity?
   1. An activity that does not have the authorisation from the facility to be carried out
   2. An activity that has no set rules
   3. **An activity that does not require the person to be closely supervised but enables them to participate as and when they choose**
   4. An activity that is more social for example having a cup of tea with a friend rather than a sport
   5. An activity that has not been organised or planned
7. When working with people who have dementia, you will need to be what around their ability to participate in activities?
   1. Firm
   2. Fair
   3. **Flexible**
   4. Motivating
   5. Empowering
8. To help keep a persons’ attention on an activity, it is best to do this how?
   1. In a group
   2. **One on one**
   3. With a few of choices
   4. In a busy room
   5. With a lot of colours
9. What type of activity is really important for people with dementia?
   1. Functional
   2. Physical
   3. **Sensory**
   4. Motor
   5. Focused
10. True or False: Music and Singing can help a person’s long-term memory
    1. **True**
    2. False

## Segment 14 – Restraint and the Person’s Rights

1. Restraint removes which right from a person?
   1. Respect
   2. Safety
   3. **Freedom of movement**
   4. Consent
   5. Communication
2. What is essential during restraint?
   1. Physical pressure
   2. **Positive communication**
   3. Written consent from Management
   4. Verbal consent from family
   5. A witness
3. True or false: the tone and pitch of your voice is more important than the words you say.
   1. **True**
   2. False
4. If a person is being restrained, they need to be given a full what?
   1. Physical examination
   2. Pat-down
   3. Isolation area
   4. **Explanation of what is happening and why**
   5. Notice
5. consent can only be obtained when?
   1. After the fact
   2. Just prior to restraint
   3. **When Full information is given and understood**
   4. When the family have signed the forms
   5. When someone has witnessed that an explanation has been given
6. When implementing restraint there is always a what type of process?
   1. **Planned**
   2. Legal
   3. Robust
   4. Expedient
   5. Flexible
7. Your organizations restraint policy must comply with what?
   1. World Health Guidelines and Recommendations for Safe Restraint Practice
   2. New Zealand Guidelines and recommendations for Safe Restraint Practice
   3. New Zealand Safe Practice and Restraint Minimization guideline
   4. Health and Disability Restraint Guideline
   5. **Health and Disability Sector Restraint Minimization and Safe Practice Standard**
8. What is the only way of showing what care and support has been given to the person before the restraint was considered?
   1. **Documentation**
   2. Witness statements
   3. CCTV footage
   4. Debriefing
   5. There is no way of showing
9. What is the purpose of evaluation and review?
   1. To determine how processes were followed
   2. To determine if another option would have been best
   3. To determine if restraint was the correct approach
   4. To determine the effectiveness of the restraint that has been used
   5. **All of the above**
10. What document must you adhere to?
    1. **Health and disability code**
    2. Code of conduct
    3. Restraints code
    4. Best practice code
    5. All of the above

## Segment 15 – Restraint

1. Restraints are used to keep people what?
   1. Restrained
   2. Contained
   3. Restricted
   4. **Safe**
   5. Secure
2. Who has developed and revised the Restraint Minimization and safe Practice standards?
   1. **Health and Disability Services**
   2. Ministry of Health
   3. Commissioner
   4. Caregivers Association
   5. Individual agencies write their own
3. The whole process of implementing a restraint, must be guided what principles?
   1. Health
   2. **Ethical**
   3. Stringent
   4. Legal
   5. Approved
4. Besides ethical principles, what else must be taken into account with restraint?
   1. Training of staff
   2. What restraints are available
   3. **Physical and mental health**
   4. Impact on staff and person
   5. All of the above
5. What factors influence restraint use?
   1. What is the risk to the person?
   2. What is the risk to those around the person?
   3. Will restraint put the person at risk of injury?
   4. Is there a risk to the environment?
   5. **All of the above**
6. While the person is restrained, you need to be able to do what?
   1. Feed them
   2. Give them privacy
   3. Talk to them
   4. Medicate them
   5. **Observe them**
7. Each time to checked or observed a person while restrained, you then need to do what?
   1. Check the restraints
   2. Offer a bathroom break
   3. **Record what you have observed or done**
   4. Talk to the person
   5. Discuss your observations with the family
8. While the person is restrained you should do what?
   1. Check their food, fluid and toileting needs
   2. Ensure the person is moved around to avoid pressure injury
   3. Communicate with the person
   4. Maintain their dignity and privacy
   5. **All of the above**
9. Which of the following is NOT a type of restraint?
   1. Person
   2. Environment
   3. Physical
   4. **Soft**
   5. Chemical
10. When you are using your own body to restrain someone this is called what?
    1. Physical restraint
    2. P**erson restraint**
    3. Environmental restraint
    4. Emergency use restraint
    5. Unethical restraint
11. Locking devices on doors is an example of what type of restraint?
    1. Person
    2. Seclusion
    3. **Environmental**
    4. Physical
    5. This is not a type of restraint
12. What are enablers?
    1. People that provoke a person to do negative behaviours
    2. **Equipment, devices, or furniture that a person chooses to use for restraining**
    3. People who give permission for the use of restraint
    4. People who protest the use of restraint
    5. Equipment used to make restraining easier

## Segment 16 – Making decisions – Advanced Care Planning

1. What is advanced care planning?
   1. Planning for when the person is in need of a high level of care
   2. **Decisions about a persons’ end of life treatment**
   3. Educating the family about what to expect as their loved one’s dementia progresses
   4. Planning how a facility can provide a safe, secure environment for people with dementia
   5. Creating a plan of the potential help available to a person as their dementia progresses
2. Who is responsible for making the decisions in an advanced care plan?
   1. The doctor
   2. The facility manager
   3. An aged care consultant
   4. The family of the person it is about
   5. **The person it is about**
3. True or False: An advanced care plan is a legal document.
   1. True
   2. **False**
4. Which of the following is NOT included in an Advanced Care Plan?
   1. **Care that has previously been given**
   2. The worries a person has for their future
   3. What type of care they would like
   4. Why they are making an advance care plan
   5. What they would like to have happen after they die
5. Who does an advanced care plan need to be shared with?
   1. Family
   2. Anyone who wants to see it
   3. **Health care team**
   4. The person the plan is about
   5. Ministry of health
6. What should Whanau know about the care plan?
   1. They are entitled to know all the details
   2. They are the ones who write the plan so should know all the options
   3. Who is responsible for ensuring the plan is actioned
   4. **That the person has a plan and where it is located**
   5. Why the person wanted a plan
7. How often should an advanced care plan be reviewed?
   1. Every month
   2. Every 2 months
   3. Every 6 months
   4. **Yearly**
   5. It does not need to be reviewed
8. If a person has written they would like supported suicide in their advanced care plan, will this happen?
   1. Yes, it is a legally binding document
   2. If the family also agree to it at the time
   3. No, a person is not allowed assisted suicide in New Zealand
   4. No, if there is a diagnosis of dementia a person is ineligible
   5. **If a person is still deemed competent and meet the criteria at the time the assisted suicide is to happen**

## Segment 17 – Making Decisions – Enduring Power of Attorney

1. Who is required to have an enduring power of attorney?
   1. Anyone over the age of 65
   2. Anyone over the age of 80
   3. Anyone with a diagnosis of dementia
   4. **Anyone that has gone into care facilities**
   5. No one is required to have one, it is a preference
2. At what age can a person set up an Enduring Power of Attorney?
   1. 16
   2. **18**
   3. 21
   4. 25
   5. There is no minimum age
3. What is an Enduring Power of Attorney?
   1. **It is when someone nominates a person to make decisions for them in the event they are not able to do so themselves**
   2. It is when someone requests to speak on behalf of a person who is not able to speak for themselves
   3. It is a person who will take care of all the administrative duties involved for the death of a family member
   4. It is a legal request from a person to be able to end their life by assisted suicide
   5. It is a legal request of what type of care a person would like to receive
4. How many types of enduring power of attorney are there?
   1. 1
   2. **2**
   3. 3
   4. 4
   5. 5
5. Which statement is NOT true about a financial enduring power of attorney?
   1. **They will have the power as soon as the document has been signed**
   2. The person will have access to the bank accounts to pay the persons bills for them
   3. The person will have the power to sell the persons property
   4. They will work with the welfare attorney
   5. There is a document at work and income that also has to be signed as well as the EPA
6. When does the role of enduring power of attorney start?
   1. As soon as the person has signed the form
   2. When the person enters care
   3. **When the person is deemed incapacitated**
   4. When the person reaches 85
   5. When the person has passed away
7. How many people can be named as the care and welfare enduring power of attorney?
   1. **1**
   2. 2
   3. 3
   4. All children of the person
   5. As many as the person likes
8. What happens if there is no Enduring Power of Attorney?
   1. The closest living relative will automatically be appointed
   2. The regular family doctor will be appointed as the welfare EPA
   3. **The facility may apply to the Family Court to get an appointed Personal Care and Welfare and a Property Manager**
   4. The manager of the facility where the person is living will be made the EPA
   5. They will be assigned to a justice of the peace to become the EPA

## Segment 18 – Making Decisions – Advanced Directives

1. What is an advanced directive?
   1. It is the legal document which states who will be responsible for making decisions on behalf of someone in the event they cannot make decisions for themselves
   2. An advanced directive is a set of criteria people need to meet to qualify for assisted suicide
   3. **A way in which people can make decisions and tell medical professionals what kind of medical care they would like to receive ahead of time**
   4. It is a list of criteria people have designed to determine when the Enduring Power of Attorney is activated
   5. It is a statement from the Ministry of health setting out the best practice guidelines for end-of-life care
2. Which of the following statements is accurate?
   1. **Currently all hospitals and residential care providers are required to ask if a person has an Advanced Directive in place.**
   2. Currently all hospitals and residential care providers require a person to have an advanced directive before entering the facility.
   3. Currently all hospitals and residential care providers are under no obligation to ask if a person has an advanced directive in place
   4. Currently all hospitals and residential care providers have a standard advanced directive used in the event a person has not written their own
   5. Currently all hospitals and residential care providers are under no legal obligation to follow an advanced directive
3. Which of the following is a requirement for an advanced directive?
   1. The person makes it of their own free will
   2. The person needs to be of sound mind when they write the advanced directive
   3. Family can write an advanced directive on behalf of the person
   4. **a) and b)**
   5. a) and c)
4. Which of the following is NOT currently included in an advanced directive?
   1. If the person wants to be resuscitated
   2. **If the person wants assisted suicide**
   3. If the person wants fluids
   4. If the person wants medications
   5. If the person wants to donate organs
5. If a person is asking you where they can access advance directive forms, where can you send them?
   1. They must speak to a lawyer
   2. You are not allowed to give this information out
   3. They can get the form from their doctor
   4. The hospital will write one up for them
   5. **They can get one from the New Zealand Medical Associations website**
6. As a support worker there are limitations to what you can and cannot do when supporting someone, this is known as what?
   1. Limitations of practice
   2. Withholding of support and care
   3. Personal safety
   4. **Scope of practice**
   5. Unfair treatment of staff
7. The final decision of care rests with who?
   1. The family
   2. The EPA
   3. Whoever is supporting them
   4. The person regardless of mental state
   5. **The doctor**
8. As a support worker you must follow what?
   1. **Medical orders**
   2. EPA
   3. The persons family’s requests
   4. Your co-workers
   5. Your gut instinct
9. Scenario: You are working with Bob, the doctor has required you to give Bob Antibiotics however the Son Roger is the EPA, he has asked you not to give it, what do you do?
   1. Give the antibiotics as the doctor’s request
   2. Get the doctor and EPA together to sort the dispute
   3. Discuss with the manager
   4. Write an incident report
   5. **All of the above**