Questionnaire for Healthcare Professionals in the care of people with MND in Aneurin Bevan University Health Board area

All questions below are related to the NICE standards for MND 'Organisation of Care' concerning the MND clinics and the patients who attend them.

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1. How often are MND clinics held in the ABUHB area?

a. Monthly ☐
b. Every two months ☐
c. Twice monthly ☐

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2. Do you consider you have specialist knowledge of MND?

a. Yes ☐
b. No ☐

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3. Have you had MND specific training or updated your knowledge within the last 3 months?

a. Yes ☐
b. No ☐

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4. Are you able to see patients in the community who are unable to attend clinic?

a. Yes ☐
b. No ☐

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5. On average, how often are patients offered appointments at the MND clinics?

a. Every 2-3 months ☐
b. Every 4 months ☐
c. Every 5 months ☐
d. Every 6 months ☐

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6. Do you consider that patients are able to attend an earlier clinic assessment if there is a significant change in MND symptoms?

a. Yes ☐
b. No ☐

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7. If a patient does report a change in their symptoms, how long will it usually take to be seen by your specific service?

a. Within 24 hours ☐
b. Within one weeks ☐
c. Within two weeks ☐
d. Within one month ☐
e. Within two months ☐

8. Does the MND clinic address the following: (tick all that are appropriate)

- **a.** Weight, diet, nutritional intake and fluid intake, feeding and swallowing ☐
- **b.** Muscle problems, such as weakness, stiffness and cramps ☐
- **c.** Physical function, including mobility and activities of daily living ☐
- **d.** Saliva problems, such as drooling of saliva (sialorrhea) and thick tenacious saliva ☐
- **e.** Speech and communication ☐
- **f.** Cough effectiveness ☐
- **g.** Respiratory function, respiratory symptoms and non invasive ventilation ☐
- **h.** Pain and other symprtoms, such as constipation ☐
- **i.** Psychological support needs ☐
- **j.** Social care need ☐
- **k.** Information and support needs for the person and their family members and/or carers ☐

9. Which of the following members of the MDT are in the clinic? (Tick all that apply?

- **a.** Neurologist ☐
- **b.** Specialist nurse ☐
- **c.** Occupational Therapist ☐
- **d.** Respiratory Consultant ☐
- **e.** Dietician ☐
- **f.** Physiotherapist ☐
- **g.** Speech and language Therapist ☐
- **h.** Pallitaitve Care consultant ☐

10. If the patient with MND requires it, are you able to refer on to the following services?

- **a.** Clinical psychology and neuropsychology ☐
- **b.** Social Care ☐
- **c.** Counselling ☐
- **d.** Respiratory ventilation services ☐
- **e.** Specialist palliative care ☐
- **f.** Gastroenterology ☐
- **g.** Orthotics ☐
- **h.** Wheelchair services ☐
- **i.** Assistive technology services ☐
- **j.** Alternative and augmentative communication (AAC) services ☐
- **k.** Community neurological care teams ☐

11. Do you have any additional comments you wish to make regarding any aspect of the MND clinics?

Thank you for taking the time to complete this questionnaire.