

Journeying through Dementia: Programme Delivery checklist for Facilitators

Date of Group meeting	
Number of participants in attendance	
Site	
Facilitator initials	

Whilst thinking about the group meeting you have just finished, can you please answer the following questions. It doesn't matter if you have not done something on the checklist during a particular meeting, we do not expect you to cover everything at every session.

Questions	
1. Did you use a topic from the manual or cover a new topic during the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you explore the importance of the relationship between activity, health and wellbeing in the topic covered during the meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Did you discuss how participants could access resources to support the topic e.g. local community, technology, skills within the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Did you encourage the group to make choices on topics and supports these choices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Were you able to help people communicate effectively in the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Were you able to facilitate peer exchange and sharing of ideas and experiences within the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Did you feel you encouraged mutual support in the group and group cohesion e.g. people working together/getting along?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Were you able to balance ensuring activities were challenging with ensuring they were achievable for all participants (i.e. tailoring the intervention)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Did you use group activities, for example a quiz, a taster session, and not just discussion to explore the topic?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Did you discuss or reflect on any new or existing goals identified by the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you think the participants engaged in enjoyable and stimulating activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Do you think participants acknowledged and appreciated their own skills and how they contributed to the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Do you think participants were able to build skills and/or learn solutions within the group?	Yes <input type="checkbox"/> No <input type="checkbox"/>