**Appendix 1: Rounds of content validation**

This appendix describes the evolution of the questionnaire throughout its content validation. All items added, deleted or modified were based on the experts and end-users’ comments and/or suggestions.

The initial questionnaire was based on Pakzad et al.2016, which contained 9 demographics and 60 KAP items.

Rounds 1 to 3 of validation were carried out by a process of cognitive interviewing, allowing us to adapt the questionnaire based on its acceptability. The following questions were asked while the expert or end-users would look at the questionnaire:

“Is the purpose of the questionnaire clear?”

“Are the instructions clear?”

“Do they ever feel like none of the answers provided apply to them?”

“Are the questions difficult to understand?”

“Any other comments/suggestions/concerns should be noted” (especially to instructions or items that were not deemed clear or complete by the expert or end-user).

**Round 1 (19 NOV 2013 –> 14 JAN 2014)**

**Demographics**

* Five items were added.
* Three items were deleted.
* Three items were modified.
* Three items were left unchanged.

For a total 11 items on demographic information.

**Knowledge, attitudes, practice (KAP) section**

* Instructions were modified, Likert scale was modified (“neutral” option was deleted, “Don’t know/Not applicable” option was split into two options).
* 29 items were added.
* 23 items were deleted.
* 22 items were modified.
* 15 items were left unchanged.

For a total of 66 items on KAP.

Round 1 yielded a 77-item questionnaire, including 11 demographics and 66 KAP items. Before Round 2 of validation, the questionnaire was translated into English and back translated into French.

**Round 2 (21JAN2014 -> 21OCT2014)**

**Demographics**

* Introductions were modified
* Two items were added.
* One item was deleted.
* Five items were modified.
* Five items were left unchanged.

For a total of 12 demographic items.

**KAP section**

* Title of section was added, and instructions were modified.
* 18 items were added.
* 13 items were deleted.
* 28 items were modified.
* 25 items were left unchanged.

For a total of 71 KAP related items.

Round 2 yielded an 83-item questionnaire, with 12 demographic and 71 KAP items. This 83-item questionnaire was sent to family physicians working in 42 Family Medicine Groups participating in the Quebec Alzheimer Plan.

**Round 3**

**Demographics**

* No items were modified.

For a total of 12 demographic items.

**KAP section**

* 19 KAP items were deleted.

For a total of 52 KAP related items.

Round 3 yielded a 64-item questionnaire, including 12 demographics and 52 KAP items. This 64-item questionnaire was analysed with an exploratory factor analysis.

**Exploratory Factor Analysis**

Of the 64-item questionnaire issued from Round 3, only first level KAP related items were included for the EFA; that is, we did not include the 12 demographic items nor the 16 sub-questions were excluded. The EFA was thus performed on 36 items.

* The EFA retained 31 items (5 items were not retained for poor loading)
* 31 KAP items were grouped into 5 factors:
	+ Perceived competency and knowledge in dementia care (11 items);
	+ Attitude toward the QAP (4 items);
	+ Practice (cognitive evaluation; 7 items);
	+ Attitude toward dementia care (6 items); and
	+ Attitude toward collaboration with nurses and other healthcare professionals (3 items).

**Acceptability by family physicians**

We presented our 5-factor solution to a large proportion of family physicians at four regional meetings organized by the Ministry of Health and Social Services in Quebec (one meeting for each of the Réseau Universitaire Intégré de Santé et Services Sociaux, RUISSS).