

# Supplementary Material

## Knowledge, Awareness, and Perceived Threat Toward Alzheimer's Disease Among the Family Caregivers of Individuals with Chronic Physical Conditions in Bangladesh

**Supplementary Table 1.** Correct responses of ADKS items among the study participants (N = 522)

Knowledge of Alzheimer's disease		Domain	% of correct responses
1.	People with AD are particularly prone to depression.	Life Impact	52.30
2.	It has been scientifically proven that mental exercise can prevent a person from getting AD.	Risk Factors	4.02
3.	After symptoms of AD appear, the average life expectancy is 6–12 years.	Course of the Disease	21.46
4.	When a person with AD becomes agitated, a medical examination might reveal other health problems that caused the agitation.	Assessment and Diagnosis	44.06
5.	People with AD do best with simple instructions, giving one step at a time.	Caregiving	51.34
6.	When people with AD begin to have difficulty taking care of themselves, caregivers should take over right away.	Caregiving	7.85
7.	If a person with AD becomes alert and agitated at night, a good strategy is to try to make sure that the person gets plenty of physical activity during the day.	Caregiving	38.51
8.	In rare cases, people have recovered from AD.	Course of the Disease	19.35
9.	People whose AD is not yet severe can benefit from psychotherapy for depression and anxiety.	Treatment and Management	46.74
10.	If trouble with memory and confused thinking appears suddenly, it is likely due to AD.	Assessment and Diagnosis	20.11
11.	Most people with AD live in nursing homes	Life Impact	32.95
12.	Poor nutrition can make the symptoms of AD worse.	Treatment and Management	59.20
13.	People in their 30s can have AD.	Risk Factors	35.82
14.	A person with AD becomes increasingly likely to fall down as the disease gets worse.	Course of the Disease	36.97
15.	When people with AD repeat the same question or story several times, it is helpful to remind them that they are repeating themselves.	Caregiving	10.92
16.	Once people have AD, they are no longer capable of making informed decisions about their own care.	Caregiving	17.62
17.	Eventually, a person with AD will need 24 h supervision.	Course of the Disease	50.96
18.	Having high cholesterol may increase a person's risk of developing AD.	Risk Factors	29.69
19.	Tremor or shaking of the hands or arms is a common symptom in people with AD.	Symptoms	10.92
20.	Symptoms of severe depression can be mistaken for symptoms of AD.	Assessment and Diagnosis	37.74
21.	AD is one type of dementia.	Assessment and Diagnosis	42.34
22.	Trouble handling money or paying bills is a common early symptom of AD.	Symptoms	44.64
23.	One symptom that can occur with AD is believing that other people are stealing one's things.	Symptoms	31.99
24.	When a person has AD, using reminder notes is a crutch that can contribute to decline.	Treatment and Management	8.24
25.	Prescription drugs that prevent AD are available.	Risk Factors	9.77
26.	Having high blood pressure may increase a person's risk of developing AD.	Risk Factors	35.06
27.	Genes can only partially account for the development of AD.	Risk Factors	28.54
28.	It is safe for people with AD to drive as long as they have a companion in the car at all times.	Life Impact	24.14
29.	AD cannot be cured.	Treatment and Management	22.41
30.	Most people with AD remember recent events better than things that happened in the past	Symptoms	14.75

**Supplementary Table 2.** ADKS score regressed on socio-demographic factors, and AD related factors (N = 522)

	<i>Coefficient</i>	<i>Std error</i>	<i>p</i>	<i>95% CI</i>
<b>Age group</b>				
<=30 y	3.90	1.15	<b>0.001</b>	[1.64, 6.17]
31-40 y	3.78	1.14	<b>0.001</b>	[1.54, 6.02]
41-50 y	4.41	1.20	<b>&lt;0.001</b>	[2.05, 6.76]
51-60 y	1.43	1.27	0.260	[-1.06, 3.93]
>60 (Reference Category)				
<b>Sex</b>				
Female (Reference Category)				
Male	-0.80	0.57	0.162	[-1.92, 0.32]
<b>Marital status</b>				
Single (Reference Category)				
Married	-0.70	0.72	0.335	[-2.12, 0.72]
<b>Residence</b>				
Rural (Reference Category)				
Urban	1.45	0.50	<b>0.004</b>	[0.46, 2.43]
<b>Highest level of education</b>				
No formal education (Reference Category)				
Primary	1.29	0.72	0.073	[-0.12, 2.71]
SSC	2.02	0.78	<b>0.010</b>	[0.50, 3.55]
HSC	2.59	0.83	<b>0.002</b>	[0.95, 4.22]
Graduate and above	3.40	0.97	<b>&lt;0.001</b>	[1.50, 5.30]
<b>Employment</b>				
Service holder	1.50	0.76	<b>0.049</b>	[0.01, 3.00]
Business	1.52	0.78	0.054	[-0.02, 3.05]
Others (Reference Category)				
<b>Monthly household income (in BDT)</b>				
Below 10,000 (Reference Category)				
10,000-30,000	0.46	0.54	0.400	[-0.61, 1.52]
30,001-50,000	1.53	0.78	0.051	[-0.01, 3.07]
Above 50,000	1.04	1.47	0.480	[-1.85, 3.93]
<b>Type of disease</b>				
No-neurological disease (Reference Category)				
Neurological disease	1.01	0.46	<b>0.030</b>	[0.10, 1.92]
<b>Known patient of dementia or AD</b>				
No (Reference Category)				
Yes	0.12	0.61	0.845	[-1.09, 1.33]
<b>Personal experience of caring for people with dementia/AD</b>				
No (Reference Category)				
Yes	0.66	0.99	0.510	[-1.30, 2.61]
<b>Interaction with patients of dementia/AD</b>				
No (Reference Category)				
Yes	3.47	0.80	<b>&lt;0.001</b>	[1.89, 5.05]
<b>Participation in relevant support groups or educational programs regarding AD</b>				
No (Reference Category)				
Yes	2.16	1.46	0.141	[-0.72, 5.03]
<b>Source of information about AD</b>				
Never obtained any information (Reference Category)				
Media sites	-0.52	0.65	0.430	[-1.80, 0.77]
Friends and acquaintances	0.82	1.17	0.481	[-1.47, 3.12]
Physicians and/or other healthcare professionals	0.44	1.66	0.791	[-2.82, 3.70]
Family	-0.39	1.25	0.756	[-2.85, 2.07]