

This supplementary data include a translation of some items related to the investigation on neuropsychological tools used in clinical practice for the diagnosis of dementia. Information on these tools are included in the survey questionnaire that was designed to collect data, in a standardized form, on Italian memory clinics. The full survey questionnaire is available in Italian upon request. Moreover, an overall description of the methodology used in this survey is available in a dedicated paper (Di Pucchio a et al, 2017).

The survey questionnaires included five sections, and all questions were specifically formulated to collect information on:

1. Location and registry service;
2. Access to the service;
3. Organizational aspects of the services;
4. Treatments and services provision;
5. Data on activities and patient numbers.

A group of researchers, including specialists in dementia, epidemiologists, and members of target services, participated in the development of the survey questionnaires and ensured the validity of included questions (content validity).

Table 1 shows a description of the topics included in the survey questionnaire for Italian memory clinics.

Table 1 – Section/Domain and topics included in the survey questionnaire for memory clinics

Section/Domain and Topics
Location and registry service
Detailed information on service’s location, name, phone number and address; type of services provided; type of funding and methods of reimbursement
Access to service
Operating days and hours per week
Ways to access the service (e.g. phone reservation; wording for medical prescription*)
Organizational aspects of the services
Staff profile and composition
Waiting time to access the service
Procedures and service documentation (<i>Availability of structured procedures for data collection on the activity; Availability of documentation on integrated care pathways</i>)
Treatments and services
Provided services (<i>i.e. Pharmacological and non-pharmacological interventions; Non-pharmacological interventions provided to caregivers</i>)
Referral to other health professionals and access to care coordination
Neuropsychological tools used in the assessment and diagnosis of dementia
Data on activities and number of patients
Number of patients with and without a diagnosis of dementia during the last year
Patients assessed per month
Patients referred for a first assessment per month
Number of patients in charge visited per year (at least one time per year)

Note: The full survey questionnaire is available in Italian upon request

In the “Treatments and services” section of the survey questionnaire, we included a question on the neuropsychological tools used in the assessment and diagnosis of dementia. We asked referents of the memory clinics to select from a predefined list (table 2) all neuropsychological tests, batteries and clinical

scales routinely used within their memory clinic for the assessment and diagnosis of dementias. Further test could also be added if not included in the list.

Table 2 – List of Neuropsychological tests, batteries and clinical scales included in the survey questionnaire for memory clinics.

Aachener Aphasia Test (AAT)
Activities of Daily Living (ADL)
Alzheimer's Disease Assessment Scale (ADAS)
Attention Matrices
Babcock' short tale
Clock drawing
Coloured Progressive Matrices (CPM)
Corsi spatial span
Digit Span
Drawings copy
Frontal Assessment Battery (FAB)
Frontal Behavioral Inventory (FBI)
Geriatric Depression Scale (GDS)
Ideomotor Apraxia
Insight Scale
Instrumental Activities of Daily Living (IADL)
Mental Deterioration Battery (MDB)
Milan Overall Dementia Assessment (MODA)
Mini-Mental State Examination (MMSE)
Modified Wisconsin Card Sorting Test (MCST)
Neuropsychiatric Inventory (NPI)
Oral-facial apraxia
Phonemic word fluency test (FAS)
Rey 15 words
Rey- Complex Figure (RCF)
Semantic word fluency test
Standard Progressive Matrices (SPM)
Stroop Trail Making Test (TMT)
Visual naming

A web-platform system, the “Dementia Observatory web-platform system”, was developed to manage the large amount of data from a very high number of services. This system allowed to create and manage a database with data storage and retrieval functions.

The survey questionnaire was self-administered, completed in an electronic form by the clinical representative of each service. The questionnaire included both closed questions with pre-coded options, and open questions. For the majority of questions answers were required.

Some questions were also included to automatically check for already entered data, to avoid inconsistent answers.

All participants were invited to participate to the survey via email. An introductory cover letter was also sent to explain the objectives of the survey, specifying that the survey was carried out by the Italian NIH and that

responding was required by the Ministry of Health. The cover letter included a link to access the online questionnaire. The contact name and address of the principal investigator, along with details on how and why the respondent was selected, and any potential benefits or harm resulting from the study were also provided.

To increase the number and accuracy of the responses to the survey different strategies were used, such as:

- keeping in contact with participants through follow-up emails after the initial message, and through telephone support;
- checking and correcting incorrect telephone and/or e-mail contacts;
- directly supporting respondents in completing the survey, when requested;
- contacting respondents who were initially unable to participate, but did not refuse to participate.

Data collected through the web-platform system were then exported in different formats for statistical analysis (SPSS ver. 20, IBM, USA). Null responses generated by typing errors or “impossible” responses to survey questions (i.e. to the question “how many days is the unit open?”: outliers were considered numbers equal and/or lower than zero or higher than 7) were removed from calculations if not corrected within a given reference time.

The response rate of contacted services was used to describe the success of the survey, and considered as a primary measure of the quality of the survey.