Reported practice

**Domains and themes**

**Knowledge:**
- Aware of need to assess cognitive function when diagnosing dementia
- Aware of test to use

**Skills:**
- Know how to administer MMSE

**Beliefs about capabilities:**
- Confident in administering MMSE

**Environmental context & resources:**
- Have access to MMSE
- Have time/practice nurse to conduct MMSE

**Behavioural regulation:**
- Routine part of dementia assessment

**Beliefs about consequences:**
- Believe patients find it uncomfortable/embarrassing to be tested
- Believe MMSE not a good measure of cognitive function
- Believe MMSE doesn’t provide useful additional information

**Social Influences:**
- Patients find it uncomfortable/embarrassing to be tested

**Emotion:**
- GP uncomfortable in administering MMSE

**Skills:**
- GP lacks skills in administering MMSE

**Beliefs about capabilities:**
- Believe able to assess as well clinically

**Environmental context & resources:**
- Lack of access to test

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**GP conducts a formal cognitive assessment using a validated scale (Category 1)**

**GP assesses cognitive function using other clinical criteria (Category 2)**

**GP refers to ACAT for cognitive assessment (Category 3)**

**GP refers to specialist without conducting a cognitive assessment (Category 4)**

**No cognitive assessment conducted, no referral initiated (Category 5)**

**Social Influences:**
- Patient/family request specialist referral
- Patients find it uncomfortable/embarrassing to be tested

**Emotion:**
- GP uncomfortable testing patients/administering MMSE

**Skills:**
- GP lacks skills in administering MMSE

**Beliefs about capabilities:**
- GP lacks confidence in administering MMSE

**Beliefs about consequences:**
- Preferable for someone else to conduct MMSE to enable independent assessment
- Believe MMSE unnecessary as cognitive impairment obvious

**Social Influences:**
- Patient/family request specialist referral
- Patients find it uncomfortable/embarrassing to be tested

**Emotion:**
- GP uncomfortable testing patients/administering MMSE

**Skills:**
- GP lacks skills in administering MMSE

**Beliefs about capabilities:**
- GP lacks confidence in administering MMSE

**Beliefs about consequences:**
- Believe patients find it uncomfortable/embarrassing to be tested
- Preferable for someone else to conduct MMSE to enable independent assessment
- Believe MMSE unnecessary as cognitive impairment obvious

**Social Influences:**
- Patient/family refuse assessment

**Beliefs about consequences:**
- Believe cognitive impairment not problematic (at current stage) and cognitive assessment won’t provide useful information
- Believe patients can self report cognitive impairment

**Skills:**
- GP unable to convince patient/family of need to be assessed