

Table 1. Characteristics of the case vignettes

Case	Person with dementia					Setting			Potential Carer			Services introduced	
	Sex	Age	Characteristics	Relationship	Relationship quality	Living situation	Urban/Rural	Community	Sex	Age	Relationship to person with dementia	Health care	Other services
Case 1 (Mrs. Amelia)	Female	70s	Losing items, loss of interest in appearance/house, supporting daughter	Married, mother of at least one daughter	Used to be good, but recently, she has had some arguments with daughter	Lives with her husband, daughter and family live nearby	Countryside	A friend told the daughter about her mother being seen wondering around and lost	Male: husband Female: daughter	Older (husband) Middle-aged (daughter)	Husband: married, no further information Daughter: recent arguments, thinking of introducing mother to health services, concern about stigma	Primary care services (FHS, public and/or private GP consultations), specialist doctor consultations, free medication (SUS)	None
Case 2 (Mrs. Beatriz)	Female	70s	Goes out accompanied, dislike being left alone, stopped enjoyable activities, needs reminders for medication, help with dressing, raises concerns about hygiene, memory and behaviour	Mother of at least one son	Used to be good. No recent information described.	Lives with son and his family	Urban (mid-size town)	No information	Female: daughter-in-law Male: son	Middle-aged (son and daughter-in-law)	Son: takes mother to church Daughter-in-law: supports mother-in-law, also has many other responsibilities	Needs medication for other healthcare issues	Church
Case 3 (Mrs. Cláudia)	Female	75	Considerable care needs, requires a lot of support, hardly leaves her room, cannot be left alone for long	Mother of a daughter (main carer) and other children who visit her during holidays	No information	Lives with daughter since she can no longer look after herself	No information	No information	Female: daughter & granddaughter	Middle-aged (daughter young (granddaughter)	Daughter experiences strain from the situation, has her own health needs, family cannot go out together as someone needs to stay with	No information	No information
Case 4 (Mr. Diego)	Male	Not stated	Difficulty looking after the house and himself	Widowed, one son is aware, other children are in the background	No information	Lives on his own	Urban (mid-size town)	No information	Son (but he lives away)	Middle-aged	Son is worried about his father and worried about what people may think about his father	No information	No information
Case 5 (Mr. Elias)	Male	Not stated	Difficulty finding his way back home, remembering appointments, forgets about eating	Widowed, estranged children	Estranged, lost contact	Lives on his own in a small flat	Urban; big city	No information	Estranged children	No information	No information, probably estranged	No information	No information
Case 6 (Mrs. Fátima)	Female	Late 70s	Increasingly withdrawn, wanting to stay alone, visual hallucinations, aggressiveness towards grandchildren, and been forgetful	Mother of at least one daughter	Well respected in her community	Lives with her daughter's family	Rural, riverside community	Though respected, people are afraid of Mrs. F behaviour. People take care of her, supervise her when she is walking around	Female: daughter & granddaughter	Middle-aged	Daughter concerned with mother, making use of herbal infusion to calm Mrs. F down.	Traditional herbal infusion, FHS visits once a month by boat, free medication brought by healthcare team	No information
Case 7 (Mr. Gabriel)	Male	Late 60s	Black ethnic group, diabetes, insulin-dependent, hypertension, arthritis, and chronic pain. Recently presenting mood swings, memory lapses, and dizziness.	He is grandfather and father of at least one alive man.	Feels as if he is a burden to his family, he tries to avoid 'complaining' to them about his health needs.	Lives with his son's family	Urban (in one favela, in Rio de Janeiro)	Supervised by neighbours or distant family members or left to his own care in the absence of close family members	Female: daughter-in-law	Middle-age	No information	Family health team, PCU, medication	No information
Case 8 (Mr. Hugo)	Male	Late 60s	He has got lost several times while driving his car, does not believe there is anything wrong with himself.	Father of adults	Strange behaviour	Lives with his wife	Urban (large middle-class condo in Rio de Janeiro)	People perceiving Mr. G's "strange behaviour". The HR demanded Mr. G to take sick leave against his will	Female: wife and formal workers. Male: formal workers	Middle-age	Concerned, missing the life she once had with her husband	Specialist doctor, exams, private health sector, domiciliary healthcare team	No information
Case 9 (Mrs. Silvia)	Female	Late 70s	Day-to-day activities and memory impairment due to a stroke	Mother of at least one daughter. No more information	Impatience towards her mother, use of physical restraints to contain her mom's movements	Lived with her family	Rural, small cottage in a farm all her life	No information	Female: daughter	Middle-age	Feels impatient with her mother and has used of physical restraints to contain her mom's movements so that she can do the housework.	Secondary and tertiary levels of care, exams and tests, medication	No information
Case 10 (Mrs. Jaqueline)	Female	Late 70s	Day-to-day activities and memory impairment due to a stroke	Mother of two children, married	Seems to live well with husband	Lives with her husband	Owner of a cattle farm in a remote rural area	Their two children live in other states and cannot come to visit them easily	Male: husband and formal workers Female: formal workers	Husband: late 80s	Stressful and tiring because of Mrs. J's increasing health needs	Private care and exams. No service provider covers that area	No service provider covers that area

Notes: In this table, “no information” means there is no information about the assessed characteristic in the vignette.