

Reviewer 1

1. I wonder it is reasonable to make groups based on only one question, Is Dementia a chronic mental illness?' Three have been additional information when make groups.

We acknowledge this is a limitation of the study. On page 12, paragraph 1, we have added, "Sixth, this study would benefit from using Likert scale on the question 'Is dementia a chronic mental illness' to provide a way of measuring attitudes."

2. It is straightforward that someone with poor knowledge would have bias and someone with knowledge would have understanding. The logic is supposed that having little knowledge on dementia would lead to have bias on dementia, not people with bias have little knowledge. Still the logic seems to be a kind of circular reasoning. Further it would be better if the authors could show people with bias may have less concern or interest in dementia (such as attending seminar or counseling intention). However the participated people are composed be people who attended the dementia seminar, that means they have interest in dementia, there should be underestimation of the bias.

Thank you for the comment. We have revised our limitation section on page 12, paragraph 1 to include "Seventh, with the possibility that people with bias about dementia may have less interest in attending dementia seminar, this study may underestimate the bias by collecting data from seminar attendees."

3. Personally, I am curious how the people who do not think dementia as a chronic mental illness think or describe about dementia?

We have added a paragraph on Page 10, paragraph 3 to answer this question. "Chinese Americans who do perceive dementia as a chronic mental illness generally describe dementia as a disease of the brain. In a survey of 22 Chinese Americans, all Chinese Americans (100%) tend to view dementia as an illness that affects the brain. For example, one participant stated in Chinese, 'Playing mah-jongg can eliminate dementia because it activates my brain.'¹⁶ The above finding is similar to a pilot study conducted among Vietnamese American Immigrants. 80% of the participants believe that dementia is a disease affecting the brain.¹⁷ Among 208 Chinese Americans, younger adults showed a significantly higher level of understanding that dementia could result from cardiovascular disease.¹⁸ However, Chinese Americans continue to associate dementia with stigma and "loss of face." In fact, family members were more

likely to perceive patients with dementia to be incapable of feeling other people's worries or concerns at once.^{19''}

Reviewer 2

1. We appreciate the positive feedback from this reviewer.

Reviewer 3

1. The acknowledgement is missing and some more references would be beneficial.

We acknowledge the participants of this study. Also, we have added references 16-19 listed below.

16. Woo BK. Using a Chinese radio station to disseminate dementia knowledge to Chinese Americans. *J Am Geriatr Soc.* 2012 Nov;60(11):2175-6. doi: 10.1111/j.1532-5415.2012.04230.x.

17. Nguyen PT, Nguyen N, Vo K, Ho S, Nguyen J, Woo BK. Knowledge of dementia among Vietnamese American immigrants. *Asian J Psychiatr.* 2016 Apr;20:39-40. doi: 10.1016/j.ajp.2015.11.005.

18. Liu J, Woo BK. Older adults are less accurate than younger adults at identifying cardiovascular disease as a cause of dementia in the Chinese American community. *Int Psychogeriatr.* 2013 Jun;25(6):1033-4. doi: 10.1017/S1041610213000112.

19. Woo BK. Family history and its relationship with dementia stigma beliefs among Chinese Americans. *Geriatr Gerontol Int.* 2015 Dec 23. doi: 10.1111/ggi.12686.

2. The existing Table should be redesigned.

Thank you for the comment. We have re-evaluated the table format and made slight adjustments for readers.

3. Some new references might be included in the work.

We have added new references numbered 16-19. Please see above response to Reviewer 3, question 1.

