

Supplementary Figure 1. Delphi process.

DELPHI STUDY ROUND 1 (n=45)

- An initial pool of 29 statements was produced based on literature reviews and experts were asked to rate their importance to discriminate between FCD and non-FCD on a 7-point Likert scale.
- Experts were invited to make any recommendations or suggestions of new items.
- Statements with moderate or high level of consensus (i.e. two-thirds (66%) selecting ≥ 6) were approved.



DELPHI STUDY ROUND 2 (n=39)

- Experts were asked to rate the remaining statements
- They reviewed their own ratings and group's response and were invited to reconsider their position.



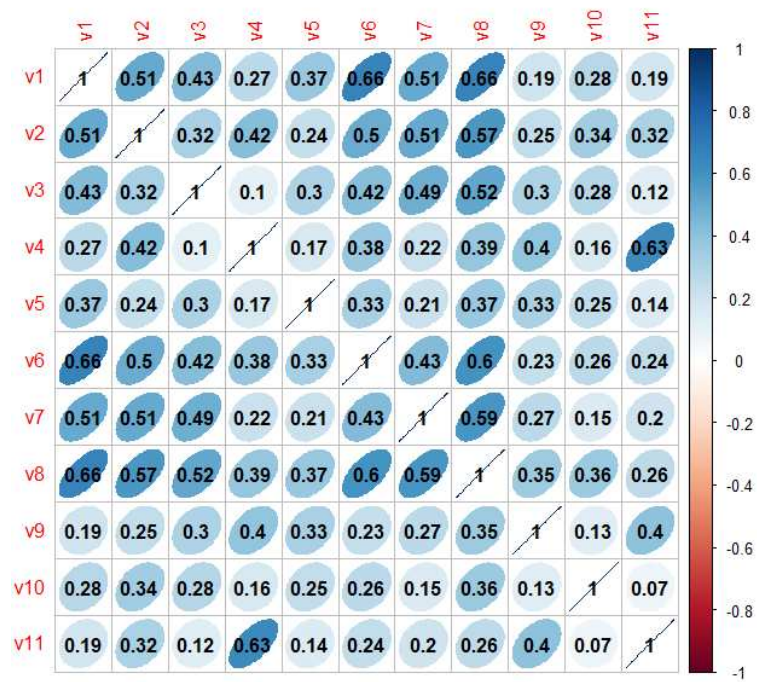
DELPHI STUDY ROUND 3 (n=39)

- Open round and discussions.
- Experts were asked to consider whether they would like to include controversial items with low-borderline level of consensus in the checklist, with justification and explanation of potential confounders.
- Items that at least half of the experts agreed to include were incorporated.

- Three statements were approved: "discrepancies between self-reported and observed cognitive functioning", "giving a detailed history of their memory complaints with specific examples", and "ability to detail their list of prescribed drugs and/or recall previous interactions with other doctors".
 - Two statements were excluded and two were merged.
- Five new suggestions: "higher number of cognitive complaints", "ability to answer compound questions", "higher educational level", "self-referred to the clinic", "bad appreciation of own memory".

- Two further statements were approved: "marked variability of the symptoms in different situations" and "having a comorbid non-cognitive functional disorder".
 - Two statements were merged.

- 11-item prototype of the checklist generated (after consensus on six extra items).
 - Items of the checklist refined.

Supplementary Figure 2. Correlation matrix for items of the checklist.

Supplementary Table 1. Percentages of agreement and median/IQR scores for individual statements after two rounds of the Delphi survey.
Statements in **bold** were accepted for checklist incorporation after completion of round 3.

Statement	% responses ≤ 2 (extremely unimportant/unimportant)	% responses ≥ 6 (extremely important/important)	Level of consensus	Median	IQR	Checklist incorporation
Evidence of internal inconsistency (discrepancies between self-reported and observed cognitive functioning)	2	87	Strong	7	1	Yes (round 1)
Marked variability of the symptoms in different situations	0	77	Moderate to strong	6	1	Yes (round 2)
Memory symptoms stable or improving over time	7	54	Low	6	1	Yes (discussion – round 3)
Delayed onset of symptoms after an injury or specific event	3	49	Trend to low	5	2	No
Higher number of cognitive complaints	8	49	Trend to low	5	2	No
Patient dating the symptom onset with precision/abrupt symptom onset	0	49	Trend to low	5	2	Yes (discussion – round 3)
Frequently forgetting overlearned information (e.g. phone PIN code)	15	41	No consensus	5	2.5	No
Ability to follow the plot of a TV show or to read a book	15	28	No consensus	5	1.5	No
Detailed history of memory complaints, with specific examples	2	82	Strong	6	1	Yes (round 1)
Ability to detail list of drugs and/or recall previous interactions with other doctors	4	69	Moderate	6	1	Yes (round 1)
Patient being more aware of the problem than others	3	59	Low	6	2	Yes (discussion – round 3)

Patient brings a written list of symptoms	0	49	Trend to low	5	2	No
Patient attends the clinic alone	8	36	No consensus	5	2	No
Frequent mention of his/her previous memory e.g., 'I used to have a brilliant memory'	10	31	No consensus	5	2	No
Frequent "I don't know" answers	28	22	No consensus	4	3	No
A comorbid non-cognitive functional disorder	0	69	Moderate	6	1.5	Yes (round 2)
Presence of an obvious psychological stressor	5	49	Trend to low	5	2.5	Yes (discussion – round 3)
Obsessive personality traits	5	46	No consensus	5	2	No
Comorbid mood disorder (e.g. depression or anxiety)	8	41	No consensus	5	2	No
Normal or incongruent cognitive performance	3	54	Low	6	2	Yes (discussion – round 3)
Evidence of poor effort/failing performance validity tests	5	49	Trend to low	5	2	No
Family history of dementia at an older age	41	5	No consensus	5	2	No
Higher educational level	33	0	No consensus	3	2	No
Female gender	33	8	No consensus	4	3	No

High achiever individual	13	21	No consensus	4	1.5	No
Bad appreciation of own memory	19	26	No consensus	4	2.5	No
Ability to answer compound questions	13	49	Trend to low	5	2	Yes (discussion – round 3)
Self-referred to the clinic	3	46	Trend to low	5	1	Yes (merged with “patient being more aware of the problem than others”)
Memory symptoms of longer duration without progression	8	49	Trend to low	6	1	Yes (merged with “Memory symptoms stable or improving over time”)
Patient talking for long time if not interrupted	10	36	No consensus	5	1.5	No
Younger age (under 65)	0	36	No consensus	5	2	No
Loss of recent and remote autobiographical memories	10	33	No consensus	5	2	No
Complaint of memory gaps for specific periods and events	9	40	No consensus	REMOVED (potential confusion with transient global amnesia)		
Head turning during history taking	31	13	No consensus	REMOVED (exclusionary sign)		