

Supplementary Material 1. Codes, subcategories and categories extracted from interviews

Category	Subcategory	Code	No.
Function	ADL/IADL	Ability to manage finances and shop independently	1
		Leisure and free time management skills	2
		Ability to perform personal tasks such as bathing, dressing, etc.	3
	Decision-making ability	The power to make the best decisions in crisis situations	4
		The skill of getting help from someone according to need	5
		The ability to decide to go to the right place according to your needs	6
		The ability to make independent choices in work, social or personal matters	7
	Reading ability	Ability to read a brochure or medicine label	8
		Ability to read simple medical texts (such as prescriptions and instructions)	9
		Ability to read material that was previously understood (such as a book of poetry or the Quran)	10
	Writing ability	Ability to write important information about your health (such as when to take your medication)	11
		Ability to write medical and health advice	12
		Skills in correctly completing cognitive tests such as the AMT and MMSE	13
	Health-oriented digital skills	The ability to search for information correctly on the internet and social media	14
		The ability to work with simple medical devices such as a digital blood pressure monitor or glucometer	15
		The ability to work with educational or health-related applications on a mobile phone	16
	Ability to communicate and transfer information	Ability to ask questions of healthcare providers if they do not understand the conversation	17
		Ability to explain your problems (ability to explain your cognitive problems to the doctor)	18
		Ability to provide complete information to healthcare providers and explain your health condition	19
		Ability to communicate individual concerns and needs to healthcare providers	20
		Communication skills	21
		Ability to follow conversations when talking to others	22
		Ability to ask questions	23
		The ability to convey ones message clearly and effectively to others	24
		Ability to explain and describe the symptoms of MCI in simple language that is understandable to others	25
		Ability to convey information correctly in both writing or verbal forms	26
	Ability to transfer knowledge and teach concepts to others effectively and clearly	27	
	Understanding and interpreting health information	Fully understanding the recommendations and instructions of health care providers	28
		Understanding the teachings and being able to implement them in daily life	29
		Understanding the connection between the health information received and its effects on his/her physical and mental health	30
		Understanding the importance of following treatment and medication instructions carefully in maintaining good health	31
		Ability to understand health messages (brochures or educational pamphlets)	32
	Ability to manage medications and treatments adherence	Skill in using reminders for your medications	33
		Ability to take medications at the appropriate time and in the appropriate order	34
		Ability to correct possible errors in treatment adherence (taking medication immediately after remembering)	35

		Ability to adhere to medication treatments and collaborate with the treatment team to optimize treatment outcomes	36
	Ability to perform mental exercises	Ability to perform mental activities and games such as tables or writing down memories	37
		Having the mental capacity to receive new training	38
		Skill in making your own checklists	39
	Memory and concentration	Having focus while performing multiple tasks simultaneously and not having memory loss	40
		Ability to recall learned information	41
		Ability to maintain focus during tasks	42
		Ability to remember assigned tasks	43
	Information evaluation skills	Ability to access reliable sources such as the Ministry of Health or World Health Organization website	44
		Ability to identify true information from false (media literacy)	45
		Ability to compare doctor's advice with internet information and determine its accuracy	46
	Time management and prioritization	Planning skills to arrange business or friendly meetings	47
		Ability to organize and prioritize daily tasks based on importance and appropriate timing	48
		Ability to allocate appropriate time to different activities and maintain a balance between personal, social, and medical needs	49
Knowledge	Basic knowledge	Having sufficient information about MCI	50
		Awareness of the prevalence of MCI	51
		Awareness of the progression and uncertainty of MCI becoming dementia	52
		Awareness that this disorder is not a disease	53
		Awareness of the stability of independence and control of people with MCI over their lives	54
		Awareness of diagnostic criteria and tests in the field of cognition	55
		Knowing the difference between the definition of a disease and a disorder	56
		Having knowledge of the explanation and explanation of the difference between MCI and dementia (the boundaries of MCI and dementia)	57
		Awareness of the severity and consequences of MCI and dementia	58
		Awareness of the different symptoms of MCI and dementia	59
		Knowing the progression and transformation of MCI into dementia	60
		Awareness of the distinction between MCI and dementia in the early stages	61
		Awareness of the impact of comorbidities on cognitive status such as depression, blood pressure, and diabetes	62
		Recognizing the relationship between treating comorbidities and improving cognitive status	63
	Awareness of ways to control underlying diseases to improve cognition	64	
	Awareness of key symptoms	Knowledge of the main symptoms of MCI (main MCI such as unusual forgetfulness, decreased concentration or difficulty in decision-making)	65
		Knowledge to identify abnormal changes in cognitive abilities by observing symptoms in oneself or others such as changes in concentration or calculation ability (pay attention to warning signs)	66
		Knowledge of the relationship between cognitive and behavioral symptoms together in sufferers	67
		Awareness of physical symptoms associated with MCI (decreased body coordination)	68

		Knowledge to pay attention to psychological changes associated with MCI (anxiety and depression)	69
Awareness of risk factors		Awareness of risk factors for MCI (inactivity, unhealthy diet, smoking)	70
		Knowing the difference between controllable risk factors (such as high blood pressure) and uncontrollable risk factors (such as increasing age)	71
		Knowing the impact of increasing age on MCI and the age of onset of this disorder	72
		Knowing the impact of medications on cognitive status	73
		Knowing the impact of lifestyle on cognitive status	74
		Knowing the impact of family history of dementia as a risk factor for developing MCI	75
		Knowing how to identify people at risk	76
		Knowing the side effects of medications (such as sleeping pills) and their impact on cognition	77
		Knowing how to identify environmental factors affecting MCI	78
Awareness of the consequences of MCI		Awareness of the consequences of not follow-up the MCI	79
		Knowing the impact of MCI on quality of life, independence, and daily functioning	80
		Awareness of the long-term effects of MCI on personal life	81
		Knowing the impact of MCI on social relationships and isolation	82
Knowledge of screening and early detection		Knowing the importance of seeing a doctor to prevent the progression of MCI in the early stages	83
		Knowing the importance of periodic check-ups to assess cognitive status	84
		Knowing the importance of seeing a geriatrician to observe symptoms	85
		Knowing the effect of early follow-up in controlling cognitive status	86
		Knowing the existence of MCI screening methods	87
		Knowing the importance of screening in middle age and old age (with increasing age)	88
		Knowing the necessity of screening in at risk groups	89
Knowledge of treatment and rehabilitation options		Knowing about noninvasive cognitive screening methods	90
		Awareness of nonpharmacological treatments for MCI (such as social and volunteer activity)	91
		Awareness of support resources for people with cognitive impairment (such as the Alzheimer's Association)	92
		Awareness of complementary therapies in cognitive rehabilitation (such as mental exercises)	93
Knowledge of prevention		Awareness of the role of support resources and associations in the treatment of MCI	94
		Awareness of the levels of prevention (primary, secondary, tertiary)	95
		Knowing the impact of good nutrition, regular exercise, and adequate sleep on preventing MCI (lifestyle)	96
		Knowing the importance of stress management and mental health in prevention	97
		Knowing the methods of preventing and controlling MCI	98
		Knowing protective factors (education, mental activity, social relationships)	99
		Knowing preventive measures in lifestyle for MCI	100
		Knowing the importance of active social relationships and avoiding loneliness on cognitive decline	101
Knowledge of caring and supportive practices		Knowing the impact of a healthy lifestyle on slowing the progression of the disease	102
		Knowledge of the impact of family and caregiver support and awareness in managing MCI	103
		Awareness of the impact of support from others on slowing the progression of cognitive impairment	104

		Knowledge of how to deal with someone with MCI symptoms in the family or those around them	105
		Knowing the vital role of family support in preventing MCI	106
Attitude	Correct beliefs	Belief that MCI is an intermediate stage and it's not certain to turn into dementia	107
		Belief in the treatability and controllability of MCI	108
		Not seeing mild cognitive impairment as equivalent to memory impairment	109
		Not having an extreme fear of getting sick	110
		Belief in the independent life of sufferers without dependency	111
		Not seeing sufferers as sick	112
		Belief in the possibility of preventing and controlling MCI at any stage of life	113
		Acceptance of the weaknesses of a person with MCI, given previous knowledge of this disorder	114
		Belief in the principle of prevention is better than cure	115
		Belief in the effectiveness of early referral	116
		Belief in the effectiveness of treatment even if infected	117
		Positive attitude of rehabilitation and nonpharmacological treatment	118
		Behavioral beliefs	Belief in the value of prevention at any age
	Belief in the role of exercise, nutrition, and sleep (healthy lifestyle) in prevention		120
	Belief in the effect of mental activities on preventing cognitive decline (such as studying and learning)		121
	Belief in preventing MCI by adhering to a healthy lifestyle at younger ages, especially middle age		122
	Attitude toward the caring and supportive role	Belief in the supportive role of family and society in managing the disorder	123
		Not perceiving sufferers as an additional burden on the family	124
		Belief in the value of shared care at different levels at three levels (individual, family, physician)	125
		Attitude toward the need to educate families to deal with challenges related to cognitive disorders	126
	Perceived stigma	Having a negative view of people with cognitive impairments (such as being stupid or useless)	127
		Not having a negative label for elderly individuals, even jokingly	128
		A pitying attitude or false compassion	129
		Not having a negative view of the abilities of the elderly (being incapacitated)	130
Avoiding fatalism and negative views		131	
A mistaken belief in understanding aging and cognitive impairment (aging equals illness)		132	
Believing that there is no social discrimination against people with cognitive impairment (being fragile)		133	
Not feeling social stigma about having cognitive impairment in oneself or others		134	
Not seeing people with MCI as a burden		135	
Correct beliefs about the decline in intelligence and talent with age		136	
Not feeling embarrassed if experiencing symptoms of MCI (perceived stigma)		137	
Positive attitude toward aging	Having a view of ageism in the participation of a person (e.g., employment)	138	
	Valuing healthy aging with a high quality of life	139	
	A positive view of the abilities and valuable experiences of this period of life	140	
	Attitude toward aging as a period of new opportunities	141	
	Acceptance of aging as a period of personal growth	142	
	Belief in having the ability to learn at any age	143	
	Belief in the phrase successful aging (being active, maintaining independence, accepting changes, the importance of social relationships, etc.)	144	

		A sense of hope for the future and control over life until the end of life, even despite being affected	145	
		A sense of worth even if infected	146	
	Spirituality and MCI	Belief in the effect of spiritual beliefs on concentration and memory	147	
		Belief in the effect of spiritual beliefs on coping with MCI	148	
		Belief in the effect of spiritual beliefs on preventing cognitive decline	149	
		Belief in the effect of spiritual beliefs on enhancing cognitive abilities	150	
		Perceived sensitivity to the possibility of infection	151	
	Perceived susceptibility	Acceptance of one's own possibility of infection with increasing age	152	
		Belief in being at risk and acceptance of risk factors in oneself	153	
		Lack of resistance or unrealistic denial of infection	154	
		Perceived sensitivity to the effects of aging on cognitive status	155	
		Perception of the possibility of infection in oneself or others	156	
		Perceived intensity	Understanding the severity of the problem and the consequences of MCI	157
	Understanding the economic consequences of being diagnosed with MCI		158	
	Understanding the consequences of having the disease for quality of life		159	
	Understanding the family consequences of being diagnosed with cognitive impairment		160	
	Understanding the social consequences of being diagnosed with MCI		161	
	Motivation	Motivation for regular medical monitoring	Willingness to visit regularly for cognitive status check-ups	162
			Motivation to pursue cognitive changes (memory and concentration) in oneself	163
			Willingness to undergo cognitive screenings	164
Having the motivation to follow up on test results and check one's health status after visiting a doctor			165	
Motivation for preventive behaviors		Desire to reduce sugar, salt, and fat intake as a step toward improving health status	166	
		Motivation to consume fruits, vegetables, fish, and brain-healthy foods due to positive effects on cognition	167	
		Interest in aerobic and resistance exercise	168	
		Desire to maintain ability to perform daily activities (ADL/IADL)	169	
		Desire to take daily walks or participate in group sports	170	
		Motivation to take preventive measures for mild cognitive impairment (MCI) in midlife	171	
		Willingness to plan and change lifestyle from an early age to prevent mild cognitive impairment (MCI)	172	
		Motivation to actively participate in treatment and rehabilitation programs	173	
		Interest in maintaining healthy sleep habits to improve brain function and memory	174	
		Desire to plan and set goals to maintain cognitive health and healthy aging	175	
		Motivation to manage stress and anxiety with the help of various methods such as meditation or yoga	176	
Awareness of the importance of weight loss and body fat control for brain health and prevention of cognitive disorders		177		
Motivation for mental activities and learning		Motivation to learn new skills (e.g., language and art)	178	
		Willingness to do new memory-enhancing activities (tables, brain games, cognitive classes)	179	
		Interest in following the latest scientific information about cognitive health	180	
		Willingness to use new technologies such as brain-enhancing apps to improve cognitive skills such as puzzles or word games	181	
	Willingness to read scientific and literary books to enhance critical and creative thinking	182		
	Desire to use relaxation techniques such as prayer or meditation	183		

	Motivation for stress management	Motivation to control anxiety and depression as risk factors for MCI	184	
		Interest in developing and strengthening psychological and emotional skills to cope with life's challenges	185	
		Motivation to increase resilience and maintain a positive mood and happiness in old age	186	
		Motivation to pursue and conduct psychological counseling or psychotherapy if needed	187	
	Motivation for cessation of high-risk behaviors	Desire to quit smoking or alcohol to reduce the risk of cognitive impairment	188	
		Motivation to avoid over-the-counter medications that impair memory	189	
		Desire to quit unhealthy eating behaviors such as overeating and consuming high-fat foods	190	
		Interest in quitting sedentary activities such as prolonged sitting to improve cognitive health	191	
	Motivation for participation and social interactions	Desire to maintain family and friendship relationships to avoid isolation as a risk factor	192	
		Interest in participating in social and volunteer activities due to sufficient knowledge of its impact on the prevention process	193	
		Desire to receive help from family or caregivers when needed	194	
		Motivation to establish new social relationships and expand one's social network	195	
	Observational arousal	Motivation for prevention and treatment due to fear of seeing infected people	196	
		Desire to change lifestyle by comparing one's own behaviors with those of infected people	197	
		Desire for prevention due to concern about dependency or being placed in nursing homes	198	
		Creating interest in physical activity due to seeing healthier peers exercising in the park	199	
	Practice	Medical follow-up	Regularly monitoring one's health status (such as blood pressure monitoring) either at home with medical devices or by going to centers	200
			Regularly taking blood pressure, diabetes, or thyroid medications	201
			Use glasses or hearing aids if needed (because not addressing vision and hearing problems is a risk factor for cognitive disorders.)	202
Pay attention to seasonal vaccinations			203	
Regular visits to control comorbidities			204	
Regular checkups every 1–2 years (for a person without a disease) and periodic health care such as vision			205	
Seeking services if they feel the need and observe symptoms and not being embarrassed (service-seeking behavior)			206	
Mental activities and learning		Playing mind games like crosswords or puzzles	207	
		Writing a diary or journal to improve memory	208	
		Starting to learn new skills like language or music	209	
Social participation and Interaction		Participating in family and friend gatherings	210	
		Participating in volunteer or religious activities	211	
		Helping peers with everyday tasks (such as shopping or banking)	212	
		Regularly sharing prevention information with others	213	
Feeding behaviors		Having a healthy diet such as the Mediterranean diet or similar	214	
		Consuming enough fruits, vegetables, and fluids	215	
		Avoiding high-fat and processed foods such as fried foods and fast foods	216	
		Trying to limit calories and not overeat	217	
		Doing regular aerobic exercise (walking three days a week for at least 20 minutes)	218	

	Regular physical activity	Doing endurance exercises to strengthen the body and mind, such as stretching and Pilates	219
	Stress management	Use relaxation techniques such as prayer or meditation	220
		Control anxiety and depression if they occur	221
		Practice anger management and avoid excessive anger	222
		See a psychologist or counselor if you have symptoms of depression for more than two weeks.	223
		Try to maintain happiness and a positive attitude as part of your daily routine	224
	Healthy sleep patterns	Get enough sleep at night (7–8 hours)	225
		Have a regular bedtime and wake-up time	226
		Avoid caffeine or excessive use of your cell phone before bed	227
		Eat less and avoid eating a heavy dinner before bed	228
	High risk behaviors	Try to reduce or quit smoking	229
		Avoid alcohol or medications that are harmful to memory	230
		Cut out unhealthy eating behaviors such as overeating and high-fat foods	231
		Reduce or eliminate caffeine or energy drinks to improve brain health as you age	232
		Reduce time spent on sedentary activities such as watching TV or using digital devices	233
	Use of health technologies	Using reminders (mobile) to take medication	234
		Working with simple medical devices such as a digital blood pressure monitor or blood sugar meter	235
		Using memory-enhancing apps or software and brain games	236