

Supplementary Appendix I

Evaluation of Knowledge about Blood Pressure in ASHAs

Instructions:			
1. Read each question carefully and choose only one option either YES or NO. 2. Make sure you only mark one answer for each question. 3. Use HB pencil only 4. Hand over the sheet after completion.			
	Questions	Yes	No
1	Have you received training to measure blood pressure with electronic device		
2	Do you know how long we should wait and relax before taking blood pressure		
3	Do you know the blood pressure has two values upper and lower		
4	Do you know what is normal upper blood pressure		
5	Do you know what is normal lower blood pressure		
6	Do you know how to control Blood pressure		
7	Do you know about side-effects of blood pressure medicines		
8	Do you know how much is high blood pressure		
9	Do you know how much is low blood pressure		
10	Do you know how many times we have to take blood pressure to call a person having high blood pressure		

Supplementary Appendix II

Evaluation of Knowledge about Stroke in ASHAs

Instructions:			
1. Read each question carefully and choose only one option either YES or NO. 2. Make sure you only mark one answer for each question. 3. Use HB pencil only 4. Hand over the sheet after completion.			
	Questions	Yes	No
1	Do you know how to measure blood pressure		
2	Do you know how to check blood sugar		
3	Do you about exercises to prevent stroke		
4	Do you know about diet to prevent stroke		
5	Do you know how to assess irregular heart beats		
6	Do you know how to reduce alcohol intake in patients to avoid stroke		
7	Do you know how to reduce smoking/chewing tobacco in patients to avoid stroke		
8	Do you know how to reduce obesity		
9	Do you measures to reduce stress to avoid stroke		
10	Do you know how to measure fat in body		

Supplementary Appendix III

Instructions:

1. Read each question carefully and choose the correct answer: A, B, C,D,E,F or G.
Make sure you only mark one answer for each question.
2. Use HB pencil only
3. Hand over the sheet after completion.

PRE TRAINING EVALUATION		
1	Stroke symptoms	
	a. unconscious	
	b. limb weakness	
	c. difficulty in speaking	
	d. severe headache	
	e. all of above	
2	Stroke treatment	
	a. thrombolytic	
	b. pain killers	
	c. I.V. fluids	
	d. O2 therapy	
3	Stroke prevention	
	a. Aspirin	
	b. Anti- Hypertensive drugs	
	c. cessation of smoking	
	d. blood sugar control	
	e. all of above	
4	Stroke prevention	
	a. Physical activity	
	b. Healthy Diet	
	c. Weight Loss	
	d. all of above	
5	Causes of stroke	
	a. high blood pressure	
	b. irregular heart beat	
	c. blood clot in blood vessels	
	d. smoking	
	e. all of above	
6	Normal Blood-pressure	
	a. < 120	
	b. < 130	
	c. < 140	
	d. < 150	
7	Normal blood sugar level (empty stomach)	
	a. < 126	
	b. < 136	
	c. < 146	
	d. < 156	

8	Opium in stroke	
	a. should be given	
	b. strictly NO	
9	Left side brain control	
	a. right side of body	
	b. left side of body	
10	Types of stroke	
	a. inter-cerebral hemorrhage	
	b. ischemic stroke	
	c. both	
11	Modifiable risk factors for stroke	
	a. Obesity	
	b. stress	
	c. drugs	
	d. alcohol	
	e. smoking	
	f. physical inactivity	
	g. all of above	
12	Medical conditions as risk factor for stroke	
	a. Atrial Fibrillation	
	b. Hypertension	
	c. Diabetes mellitus	
	d. High cholesterol	
	e. stopping	
	f. Birth control pills	
	g. all of above	
13	For diagnosing Stroke which test is required	
	a. Head CT Scan	
	b. Ultrasound	
	c. Head X-ray	
	d. Angiogram	
14	After stroke within how much time one should reach hospital	
	a. < 4.5 hours	
	b. < 10 hours	
	c. < 15 hours	
	d. < 24 hours	
15	Best way to improve good cholesterol in our body is	
	a. Exercise	
	b. Fish oil	
	c. Special Medication	
	d. Injections	

Keys: 1(e), 2(a), 3(e), 4(d), 5(e), 6(b), 7(b), 8(b), 9(a), 10(c), 11(g), 12(g), 13(a), 14(a), 15(a)

Instructions:

1. Read each question carefully and choose the correct answer: A, B, C, D,E,F or G.
Make sure you only mark one answer for each question.
2. Use HB pencil only
3. Hand over the sheet after completion.

POST TRAINING EVALUATION		
1	Stroke symptoms	
	a. unconscious	
	b. limb weakness	
	c. difficulty in speaking	
	d. severe headache	
	e. all of above	
2	Stroke treatment	
	a. thrombolytic	
	b. pain killers	
	c. I.V. fluids	
	d. O2 therapy	
3	Stroke prevention	
	a. Aspirin	
	b. Anti- Hypertensive drugs	
	c. cessation of smoking	
	d. blood sugar control	
	e. all of above	
4	Stroke prevention	
	a. Physical activity	
	b. Healthy Diet	
	c. Weight Loss	
	d. all of above	
5	Causes of stroke	
	a. high blood pressure	
	b. irregular heart beat	
	c. blood clot in blood vessels	
	d. smoking	
	e. all of above	
6	Normal Blood-pressure	
	a. < 120	
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	a. Atrial Fibrillation	
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Keys: 1(e), 2(a), 3(e), 4(d), 5(e), 6(b), 7(b), 8(b), 9(a), 10(c), 11(g), 12(g), 13(a), 14(a), 15(a)