

SUPPLEMENTARY FILE

PRO FORMA

- Name:
- Age:
- Sex:
- Occupation:
- Educational level:
- Vascular risk factors if any:
(Diabetes, hypertension, alcohol, and smoking)

QUESTIONNAIRE

Score

- | | |
|---|--------|
| 1. Do you know what a stroke is? | YES/NO |
| 2. Where in the body does a stroke occur? | |
| 3. Do you know any risk factors of stroke?
If yes, please elaborate. | YES/NO |
| 4. Do you know if the following are risk factors for stroke? | |
| a) Diabetes
_/1 | YES/NO |
| b) Hypertension
_/1 | YES/NO |
| c) Smoking
_/1 | YES/NO |
| d) Alcohol consumption
_/1 | YES/NO |
| e) Obesity
_/1 | YES/NO |
| f) Dyslipidemia
_/1 | YES/NO |
| g) Obstructive sleep apnea
_/1 | YES/NO |
| h) Migraine
_/1 | YES/NO |
| i) Oral contraceptives
_/1 | YES/NO |
| j) Consumption of organ meat and red meat
_/1 | YES/NO |
| 5. Do you know any warning signs/symptoms of stroke?
If yes, please elaborate. | YES/NO |
| 6. Do you know if the following are warning signs/symptoms of stroke? | |
| a) Loss of balance
_/1 | YES/NO |
| b) Loss of vision in one or both eyes
_/1 | YES/NO |
| c) Uneven face
_/1 | YES/NO |
| d) Numbness or weakness of arm
_/1 | YES/NO |
| e) Difficulty speaking
_/1 | YES/NO |

7. Do you know if stroke is a medical emergency? YES/NO
8. Are you aware of a window period of obtaining treatment after
 _/1
 a stroke? If yes, please elaborate. YES/NO
9. If any, from where did you gain information regarding stroke?
 (Hospital, healthcare workers, media, educational programs, banners, and word of mouth)

Total: __/16

POST-EDUCATIONAL INTERVENTION QUESTIONNAIRE

Score

1. Can the subject recall the risk factors of stroke?
- a) Diabetes
 _/1
 - b) Hypertension
 _/1
 - c) Smoking
 _/1
 - d) Alcohol consumption
 _/1
 - e) Obesity
 _/1
 - f) Dyslipidemia
 _/1
 - g) Obstructive sleep apnea
 _/1
 - h) Migraine
 _/1
 - i) Oral contraceptives
 _/1
 - j) Consumption of organ meat and red meat
 _/1
2. Can the subject recall the warning symptoms of stroke?
- a) Loss of balance
 _/1
 - b) Loss of vision in one or both eyes
 _/1
 - c) Uneven face _/1
 - d) Numbness or weakness of arm
 _/1
 - e) Difficulty speaking
 _/1
3. Is the subject able to ascertain that stroke is an emergency? YES/NO
4. Is the subject able to recall the window period of thrombolysis after
 _/1
 a stroke?

Total: __/16