**Supplementary Material 2**

**KAP Questionnaire**

Patient Name ___________ ID No

Knowledge –

| Sr No | Symptom                                      | Yes | No |
|-------|----------------------------------------------|-----|----|
| 1     | Weakness of one side of the body             |     |    |
| 2     | Slurring of speech                           |     |    |
| 3     | Blurring of vision                           |     |    |
| 4     | Convulsions                                  |     |    |
| 5     | Giddiness                                    |     |    |
| 6     | Deviation of angle of mouth                  |     |    |
| 7     | Loss of consciousness                        |     |    |
| 8     | Transient weakness of one side of the body   |     |    |
| 9     | Loss of speech/irrelevant talk               |     |    |

Which of the following are risk factors for stroke?

| Sr No | Risk Factors       | Yes | No |
|-------|--------------------|-----|----|
| 1     | Hypertension       |     |    |
| 2     | Diabetes           |     |    |
| 3     | Cholesterol        |     |    |
| 4     | Obesity            |     |    |
| 5     | Smoking            |     |    |
| 6     | Alcohol            |     |    |
| 7     | Family history     |     |    |

Attitude

| Sr No | Question                                      | Yes | No |
|-------|-----------------------------------------------|-----|----|
| 1     | Is it important to immediately visit a big hospital |     |    |
| 2     | Is there any immediate medical therapy you are aware of in stroke |     |    |
| 3     | Should medications be taken lifelong          |     |    |
| 4     | Do you think a patient with stroke is at risk of another stroke |     |    |

Practice

| Sr No | Question                                      | Yes | No |
|-------|-----------------------------------------------|-----|----|
| 1     | Did you visit a tertiary care centre(large hospital) within 4.5 hrs |     |    |
| 2     | Will you continue speech/physiotherapy after discharge |     |    |

Comments