Table 1: Instruments for Adults without Epilepsy

Scale Name Year #Citations	Target Audience (age range)	Focus	Total Items (attitude items)	Psychometric Properties (Instrument administration)	Articles	Region (Country Administered/ language)
Attitudes Toward Persons With Epilepsy Year: 1990 #Citations: 31	Adults, Medical personnel, College students, Service Providers (19-55)	Attitudes toward people with epilepsy	28 (21)	Factor analysis indicated 3 factors: Destructive personal stereotypes, integration into society, and behavioral optimism Validity: A more positive attitude was correlated with a higher educational level Discriminant validity was supported Construct validity was supported Split-half reliability= .70 (Self-report questionnaire)	Antonak[19]	North America (United States/ English)
No Name Provided Year: 2001 #Citations: 14	Adult Students (18-42)	Attitudes toward people with epilepsy	55 (17)	17 attitude items Content validity: items were developed from a literature review Reliability: α = .60 (Self-report questionnaire)	Peltzer et al.[65]	South Sub-Saharan Africa (South Africa/ not specified)
No Name Provided Year: 2004 #Citations: 86	Adult General Public (20-80)	Attitudes toward people with epilepsy	23 (6)	6 attitude items Content validity: Content was rated by experts Reliability: α = .93 (Interview with self-report)	Choi-Kwon et al.[39]	East Asia (South Korea/ not specified)
Attitudes and Beliefs about Living with Epilepsy (ABLE) Year: 2004 #Citations: 65	Adult General Population (18-65)	Attitudes toward people with epilepsy	29 (29)	Content validity: Items were developed by a group of experts Factor analysis indicated 4 factors: Negative stereotypes, risk and safety concerns, work and role expectations, personal fear, and social avoidance Confirmatory factor analysis supported items for factors: Negative stereotypes and risk and safety concerns Construct validity: A higher education level was associated with more positive attitudes. Reliability: α = .77 (Composite Score), α = .86 and .88 (Negative Stereotypes), α = .88 and .87	**Diiorio et al.[16] Kobau et al.[17] Cui et al.[18]	North America (United States/ English)

				Test-retest reliability: Negative stereotypes = .58, risk and safety concerns = .72, work and role expectations = .58, and personal fear and social avoidance = .77 (Self-report questionnaire or interview with self-report)		
Parent Stigma Scale Year: 2004 #Citations: 201	Parents of children with epilepsy (M=37)	Attitudes toward people with epilepsy	5 (5)	Content validity: Experts rated item content Construct validity: Lower stigma scores were associated with more positive parent mood toward their child's seizures, less seizure worry, and more family leisure activities. Reliability: α = .72 and .66 (Self-report questionnaire or interview with self-report)	Austin et al.[34]	North America (United States/ English)
Knowledge, Attitudes, Behavior, & Practice (KABP) Year: 2006 #Citations: 49	Adults, Teachers, Clerics, & Health care workers (18-76)	Attitudes toward people with epilepsy	18 (4)	Content validity: Items were selected from other instruments Test-retest reliability correlation = .91 (Self-report questionnaire)	**Atadzhanov et al.[11] Birbeck et al.[12] Chomba et al.[13]	East Sub-Saharan Africa (Zambia/ English)
No Name Provided Year: 2007 #Citations: 7	Medical Staff, Parents (21-62)	Attitudes toward people with epilepsy	40 (40)	Factor analysis identified 3 groups of people: Realist optimists, protective-ignorants, & stigmatizers (Q-Sort methodology)	Boros et al.[66]	Central Europe (Romania/ not specified)
No Name Provided Year: 2008 #Citations: 44	Adult General Public (18-93)	Attitudes toward people with epilepsy	14 (14)	Content validity: items were reviewed by experts Factor analysis showed two factors: (1) Negative & discriminatory attitudes and (2) Positive attitudes Reliability: (1) α = .85 and (2) α = .67 (Self-report questionnaire)	Aydemir et al.[70]	North Africa (Turkey/ not specified)
Malaysia Awareness, Knowledge, Attitudes (Malay AKA) Year: 2010 #Citations: 70	Adult General Public (18-98)	Attitudes toward people with epilepsy	17 (4)	Factor analysis supported 3 factors: Awareness, knowledge, and attitudes Validity: More positive attitudes were associated with more education, employment, and higher income. Reliability: α = .84 (Self-report questionnaire)	Neni et al.[15]	Southeast Asia (Malaysia/ Malay)

Knowledge, Attitudes and Practice toward Epilepsy (KAPE) Year: 2010 #Citations: 35	Adult General Public (17->65)	Attitudes toward people with epilepsy	34 (11)	Validity: More positive attitudes were associated with a higher education level (Interview with self-report)	Chung et al.[14]	North America (United States/ English, Mandarin, Cantonese, & Vietnamese)
*Public Attitudes toward Epilepsy (PATE) Year: 2012 #Citations: 26	Adult General Public (19-74)	Attitudes toward people with epilepsy	18 (18)	Content validity: items were developed from a literature review and reviewed by experts Factor analysis indicated 2 factors: general domain and personal domain Validity: More negative attitudes were associated with lower education level and greater perceptions of unproductivity in people with epilepsy Convergent validity was supported Reliability: α = .87 general domain; α = .63 personal domain (Self-report questionnaire)	Lim et al.[67]	Southeast Asia (Malaasia/ Malay & Mandarin)
Epilepsy Stigma Scale Year: 2017 #Citations: 17	Adult relatives of people with epilepsy (18-71)	Attitudes toward people with epilepsy	20 (20)	Content validity: Items were developed from previous studies. Factor analysis indicated 3 factors: Discrimination, prejudgments, and false beliefs Validity: More negative perceptions were correlated with less education and lower income Reliability for whole scale: α = .89 (Self-report questionnaire)	Baybas et al.[32]	North Africa (Turkey/ not specified)

Instruments are listed in order of year of development. # Citations are for the article of original development of scale.

** Instrument with more than one article describing psychometric properties.

* Instrument is well developed.

M=mean

Table 2: Instruments for Children and Adolescents without Epilepsy

Scale Name Year #Citations	Target Audience (age range)	Focus	Total Items (attitude items)	Psychometric Properties (Instrument administration)	Articles	Region (Country Administered/ language)
Teen Survey on Epilepsy Year: 2002 #Citations: 244	Adolescent General Public (13-18)	Attitudes toward people with epilepsy	37 (7)	Content validity: a committee of experts reviewed the content of the items. (Self-report questionnaire)	Austin et al.[20]	North America (United States/ English)
Elementary School Epilepsy Survey Year: 2005 #Citations: 18	School Children (10-14)	Attitudes toward people with epilepsy	22 (10)	Content validity: Items developed from literature and experts. Items were reviewed by teachers and 5th grade student Factor analysis showed attitude items to cluster Reliability: α = .81 and .84 Test-retest reliability: r = .65 (Interview with self-report)	Lowe-Pearce & Camfield[22]	North America (Halifax, Canada/ not specified)
Thinking About Epilepsy Year: 2007 #Citations: 35	School Children (9-11)	Attitudes toward people with epilepsy	33 (8)	Content validity: experts evaluated items Factor analysis showed two attitude factors: (1) Contagiousness & (2) Epilepsy should not limit achievement Reliability: Total α = .82, (1) α = .77, (2) α = .65 (Self-report questionnaire)	Martiniuk et al.[21]	North America (Ontario, Canada/ English)

Instruments are listed in order of year of development. # Citations are for the article of original development of scale.

* Instrument is well developed.

Table 3: Instruments Primarily for Adults with Epilepsy

Scale Name Year #Citations	Target Audience	Focus	Total Items (stigma items)	Psychometric Properties (Instrument administration)	Articles	Region (Country Administered/ language)
Social Effects of Epilepsy Year: 1990 #Citations: 101	Adults (17->60)	Felt Stigma, Attitudes toward Self	14 (14)	Content validity: Patients were interviewed. Other instruments were committed. Validity: Results from patients were compared to medical staff independent ratings of patient's behaviors. Mean coefficient = .38 Test-retest reliability: r = .64 (Self-report questionnaire)	Chaplin et al.[26]	Western Europe (United Kingdom/ English)
*Stigma Scale Year: 1994 #Citations: 598	Adults (16 & older)	Felt Stigma	3 (3)	Content validity: Items were selected from an instrument that measured stigma related to stroke Validity: Greater stigma was associated with lower self-esteem and lower mastery; Greater stigma was associated with more anxiety, more depression, and more adverse events and lower mastery. Greater stigma was associated with age < 50, less education, and unemployment. Reliability: α = .72; α = .85 (Self-report questionnaire)	**Jacoby[27] Taylor et al.[28]	Western Europe (United Kingdom/ English)
Epilepsy Related Fears Year: 1994 #Citations: 0	Adults, Older Adolescents (19-64)	Felt Stigma	34 (34)	Reliability of 3 Subscales Avoidance: α = .88, split half = .94 Consequence: α = .85, split half = .87 Attitude: α = .92, split half = .92 (Self-report questionnaire)	Nilsson et al.[30]	Western Europe (Sweden/ Not specified)
Indicators of Social Adjustment for Epilepsy Year: 2004 #Citations: 0	Adults, Older Adolescents (16-50)	Felt Stigma	34 (34)	Content validity: Interviews with patients and psychiatrists Factor analysis indicated 3 factors: Fear of seizures, consequences of seizures, and perceived stigma Reliability: α = .94 (Interview with self-report)	Suhail & Chaudhry[31]	South Asia (Lahore Pakistan/ not specified)

Epilepsy Stigma Scale (ESS) Year: 2006 #Citations: 123	Adults (19-74)	Felt Stigma	10 (10)	Content validity: Items were revised from the Parent Stigma Scale[5] Reliability: α = .91 (Interview with self-report)	DiIorio et al.[68]	North America (United States/ English)
No Name Provided Year: 2007 #Citations: 62	Adults (18->55)	Felt Stigma	15 (15)	Content validity: Interviews with patients (Self-report questionnaire)	Paschal et al.[69]	North America (United States/English)
Stigma Scale for Chronic Illness Year: 2009 #Citations: 185	Adults with neurological disorders (M=52)	Felt Stigma, Enacted Stigma	24 (24)	Content validity: Literature review, focus group with epilepsy, interviews with patients, and expert review Confirmatory factor analysis indicated a unidimensional scale Item response theory modeling showed a good model fit Convergent validity Reliability: α = .94 (Online with self-report)	Rao et al.[6]	North America (United States/ English)
Episodes of Discrimination Year: 2011 #Citations: 28	Adults (18-70)	Felt Stigma, Enacted Stigma	6 (6)	Validity: Episodes of discrimination were positive correlated with concerns about having epilepsy (Self-report questionnaire)	Choi et al.[24]	East Asia (Republic of Korea/not specified)
No Name Provided Year: 2011 #Citations: 6	Adults (18-68)	Felt Stigma	10 (10)	Content validity: Items were developed from a literature review, clinical experience, and past research with people with epilepsy Review by experts Factor analysis supported unidimensional scale Reliability: α = .86 Validity: Greater stigma was correlated with higher concealment of epilepsy (Interview with self-report and online with self-report)	Aydemir et al.[70]	North Africa (Turkey/ not specified)
No Name Provided Year: 2017	Adults, Older Adolescents	Felt Stigma	32 (32)	Content validity: Items were developed from clinical experience Factor analysis indicated 5 factors: Social isolation, discrimination, insufficiency, false beliefs, and stigma resistance	Baybas et al.[32]	North Africa

| #Citations: 17 | (15-73) | | | Validity: Greater stigma was correlated with greater seizure frequency. less education, and more medications
Reliability for whole scale: α =.92

(Self-report questionnaire) | | (Turkey/ not specified) |

Instruments are listed in order of year of development. # Citations are for the article of original development of scale.

** Instrument with more than one article describing psychometric properties.

* Instrument is well developed.

M=mean

Table 4: Instruments Primarily for Children and Adolescents with Epilepsy

Scale Name Year #Citations	Target Audience	Focus	Total Items (stigma 8tems)	Psychometric Properties (Instrument administration)	Articles	Region (Country Administered/ language)
Child Attitude toward Illness Scale (CATIS) Year: 1993 #Citations: 213	Children & Adolescents (8-17)	Attitudes toward Having Epilepsy	13 (13)	Content validity: Interviews with 50 children. Confirmatory factor analysis supported item inclusion Construct validity: Attitude was positively correlated with self-concept, mastery, and self-esteem. Attitude was negatively correlated with behavior problems and seizure frequency. Reliability: α = .80; α = .89 Test-retest reliability: r = .80; Intra-class correlation = .77 (Self-report questionnaire and interview with self-report)	**Austin & Huberty[23] Heimlich et al.[29]	North America (United States/ English) (United States/ English)
Child Stigma Scale Year: 2004 #Citations: 201	Children & Adolescents (9-14)	Felt Stigma	8 (8)	Content validity: Literature review and interviews with children Validity: Greater stigma was correlated with more negative attitudes, greater seizure worry, poorer self-concept, and more depression symptoms. Reliability: α = .81 (Self-report questionnaire and interview with self-report)	Austin et al.[34]	North America (United States/ English)
No Name Provided Year: 2010 #Citations: 42	Children, Adolescents, & Adults (10->50)	Felt Stigma, Enacted Stigma	8 (8)	Reliability: α = .89 (Interview with self-report)	Nuhu et al.[25]	West Sub-Saharan Africa (Nigeria/English & Hausa)
Kilifi Stigma Scale for Epilepsy (KSSE) Year: 2012 #Citations: 44	Children, Adolescents, & Adults (<18->30)	Felt Stigma	15 (15)	Content validity: Items were developed from literature reviews, existing scales, interviews with people with epilepsy, and focus groups Review by experts Factor analysis supported a unidimensional scale Validity: Higher felt stigma was associated with greater seizure frequency and experience of physical and sexual abuse Reliability: α = .85; Test-retest Reliability: r = .93 (Self-report questionnaire)	Mbuba et. al.[35]	East Sub-Saharan Africa (Kilifi, Kenya/ Kigiriama)

Instruments are listed in order of year of development. # Citations are for the article of original development of scale.
** Instrument with more than one article describing psychometric properties.
* Instrument is well developed.

Table 5: Instruments for Adults with or without Epilepsy

Scale Name Year #Citations	Target Audience (age)	Focus	Total Items (stigma items)	Psychometric Properties (Instrument administration)	Articles	Region (Country Administered/ language)
Epilepsy Beliefs and Attitudes Scale (EBAS) Year: 2000 #Citations: 23	Children & Adults (M=37)	Attitudes toward people with epilepsy	34 (34)	Content validity: Piloted with mothers and children Convergent validity: Experts Factor analysis indicated 3 factors: Metaphysical, enviro-psycho-physical, and neurological. (Self-report questionnaire)	Gajjar et al.[10]	North America (United States/ English)
Stigma Scale of Epilepsy (SSE) Year: 2004 #Citations: 58	Adults with epilepsy (M=39); without epilepsy (M=35)	Felt Stigma, Attitudes toward people with epilepsy	24 (10)	Content validity: Literature review, pretest with patients and relatives Criterion validity: Supported. Mean scores for patients with epilepsy were lower for patients than those without epilepsy. Reliability: $\alpha = .88$ (patients), $\alpha = .81$ (community sample) (Self-report questionnaire and interview with self-report)	**Fernandes et al.[7] Fernandes et al.[8] Salgado et al.[9]	Latin America (Campinas, Brazil/not specified)
Prejudice toward Chronic Diseases Year: 2007 Citations: 83	Adults (12-80)	Felt Stigma, Attitudes toward people with epilepsy	3 (3)	Validity: Both general public and people with epilepsy rated more prejudice for AIDS than for epilepsy and less prejudice for diabetes than for epilepsy. (Interview with self-report)	Fernandes et al.[8]	Latin America (Campinas, Brazil/not specified)

Instruments are listed in order of year of development. # Citations are for the article of original development of scale.

** Instrument with more than one article describing psychometric properties.

M=mean

Table 6: Demographic Characteristics of Epilepsy Stigma Reduction Interventions through 2019 (n=30)

Author, Year	Region	Country	Year(s) Conducted	Intervention Target	Age Group Studied/Age Range or Mean Age	Target Population	Intervention	Key Outcome	Length of FU	Number of People Studied
Persons without epilepsy										
Gutteling, 1986[71]	Western Europe	Netherlands	Not provided	Attitudes	Adults / 20-25	Student teachers at college level	Education	K survey A questions	3 months	132
Mason, 1990[72]	Western Europe	Scotland	1987	Attitudes	Adolescents & adults/ 18-20	Medical students/ 2nd year	Education, 6 hours	Increase in K, increase in Ax1	7 weeks	34
Young, 2002[73]	North America	Canada	Not provided	Attitudes	Adults / M=21	College students	Educational pamphlet	KAP	none	59
Espinoza 2002[74]	Latin America	Peru	2000	Attitudes	Adults/ unknown	Teachers of primary and secondary school	Monthly educational sessions	KAP	8 years	185
Kim, 2003[75]	East Asia	South Korea	1995-1999	Attitudes	Adults/ unknown	General public	Education	KAP	4 years	715
Bekiroglu, 2004[76]	North Africa	Turkey	2000-2001	Attitudes	Adults / M=32	Primary school teachers	Education-4 lectures	KAP	1-2 years	346
Aydin, 2007[52]	North Africa	Turkey	Not provided	Attitudes	Adults/ unknown	Primary school teachers	Edication-45 min lecture	KAP	30 days	275
Fernandes, 2007[47]	Latin America	Brazil	Not provided	Attitudes	Adults/ M=39	Primary school teachers	Education-20 hours	KAP	2 years	20
Fernandes, 2007[51]	Latin America	Brazil	Not provided	Attitudes	Adults / M=47	Primary care setting, physicians, health care workers, community leaders	Education; 28 hours for MDs, 3 hours for community leaders and HCWs	KAP	6 months	194

Author, Year	Region	Country	Year(s) Conducted	Intervention Target	Age Group Studied/Age Range or Mean Age	Target Population	Intervention	Key Outcome	Length of FU	Number of People Studied
Martiniuk, 2007[21]	North America	Canada	2000-2004	Attitudes	Children/ 9-11	Students, grade 5	Education	KAP-K&A improved	1 month	406
Tedrus, 2007[77]	Latin America	Brazil	2005-2006	Attitudes, enacted stigma	Adults/ unknown	University students studying health	Education -2 hours	Increase in 3 questions involving stigma	One week	116
Noronha, 2007[78]	Latin America	Brazil	2003-2004	Attitudes	Adults / M=24	Medical students 5/6 years	Education, 8hour course	KAP-knowledge increased	1 year	79
Reno, 2007[48]	Latin America	Brazil	Not provided	Attitudes	Adolescents/ M=15	Students/ grade 5	Education and demonstration	SSE	6 months	182
Bozkaya, 2010[79]	North Africa	Turkey	2005	Attitudes	Children & adolescents/ M=13	Students grades 6,7,8	Education	KAP, tried to look at effect of SES	4 weeks	851
Martiniuk, 2010[80]	North America	Canada	2000-2004	Attitudes	Children/ 9-11	Students, grade 5	Public Service Announcement	KA	1 month	803
Roberts, 2010[49]	Australasia	Australia	Not provided	Attitudes	Adolescents & adults/ M=20	Students of psychology	Web based Video, 10 minutes	Stigma decreased	none	131
Brabcova, 2013[81]	Central Europe	Czech Republic	unclear	Attitudes	Children/ M=10	Students, primary school	Educational video-20 minutes or same content read aloud	KA	6 months	1162
Alaqeel, 2015[43]	North Africa	Saudi Arabia	2013	Attitudes, enacted stigma	Adolescents and adults/ 15->60	General public > 15 years of age	Single day "awareness campaign	KAP	none	2118
Mecarelli, 2015[82]	Western Europe	Italy	2013	Attitude	Adults/ M=45	Teachers, primary school	Educational session and pamphlet	KAP	3 months	317

Author, Year	Region	Country	Year(s) Conducted	Intervention Target	Age Group Studied/Age Range or Mean Age	Target Population	Intervention	Key Outcome	Length of FU	Number of People Studied
Tekle-Haimanot, 2016[83]	East Sub-Saharan Africa	Ethiopia	2014	Stigma enacted, Attitudes	Adults 16+ years/ 16-20	High school students	Educational Comic Book	KAP	none	226
Brabcova, 2017[50]	Central Europe	Czech Republic	Not provided	Enacted stigma	Children/ M=10	Students/ 4th and 5th grade	Educational Video-20 minutes or same content being read	SSE	6 months	182
Sajatovic. 2017[44]	North America	USA	Not provided	Attitudes, enacted stigma	Adults/ M=23.1	General public	Web based education	KAP and stigma	none	295
Persons with epilepsy										
Placencia, 1995[37]	Latin America	Ecuador	1986	Enacted and felt stigma; Attitudes	Not specified	PWE	Psychosocial and sociological investigations	KAP	12 months	242
De Souza, 1998[46]	Latin America	Brazil	Not provided	Attitudes	Adults/ unknown	Parents of children with benign epilepsies of childhood	Educational video followed by weekly support groups	KAP	none	18
Choi-Kwon, 2008[39]	East Asia	South Korea	Not provided	Felt stigma	Adults/ M=31	PWE-intractable	Epilepsy Surgery	Stigma 3 item	6 mo and 2 years	64
Kumari, 2009[38]	South Asia	India	Not provided	Felt & enacted stigma; Attitudes	Adults/ 19-40	PWE	Establishing care in an epilepsy clinic	SSE	none	45

Author, Year	Region	Country	Year(s) Conducted	Intervention Target	Age Group Studied/Age Range or Mean Age	Target Population	Intervention	Key Outcome	Length of FU	Number of People Studied
Plafflin, 2012[45]	Western Europe	Germany	Not provided	Attitudes	Children, adolescents, & adults	Parents of children w/epilepsy	FAMOSES Educational Program	Knowledge, adaptation, anxiety, seizure management, seizure frequency, care seeking	3 months	82
Elafros, 2013[41]	East Sub-Saharan Africa	Zambia	2009-2010	Felt stigma	Adults and youths/ unknown	PWE	2 hour peer support group (1/month x 12 months)	Jacoby 3 item Stigma scale	One year	103
Bajaj, 2018[40]	South Asia	India	Not provided	Felt and enacted stigma	all ages/ M=8.89	Patients and caregivers of PWE	Surgery	Austin Stigma Score	1 year	30 caregivers and 8 persons with epilepsy
Ridsdale, 2018[42]	Western Europe	England	2013-2016	Felt stigma, attitudes toward self	Adults 16+ yrs/ M=41.7	PWE	Educational Self Management	SSE	12 months	404

M=mean, PWE=persons with epilepsy, K=knowledge, A=attitude, P=practice, SSE=stigma scale of epilepsy, FU=follow-up, MD=medical doctor, SES=socioeconomic status, FAMOSES=educational program for parents of children with epilepsy, HCW=Health care workers

Table 7: Descriptions of Interventions by Year (n=30)

Author, year	Description of Intervention
Persons without epilepsy	
Sajatovic, 2017[44]	This web-based randomized controlled trial out of North America used two brief videos aimed at stigma reduction vs. a control video. All videos were developed by community stakeholders. The targets were students and the general public. Stigmatizing attitudes were measured using the Attitudes and Beliefs about Living with Epilepsy (ABLE). Almost half of those who participated were or knew someone with epilepsy.
Tekle-Haimanot, 2016[83]	The comic book set within the context of the African culture was designed to allow school children to better understand epilepsy and appreciate the stigma and exclusion it can lead to. The aim was also to involve them more to fight the myths and misconceptions related to this disease and share their new knowledge within their family. A KAP that included a single stigma attitude was given pre- and post-reading of the comic book.
Mecarelli, 2015[82]	The intervention was an educational kit that included a pamphlet and video accompanied by a teaching session. A KAP survey was delivered before the intervention and 3 months post intervention.
Alaquel, 2015[43]	The intervention was an epilepsy awareness campaign with KAP surveys delivered the same day as the intervention at randomly chosen selection of malls, universities, and schools.
Elafros, 2013[41]	Monthly 2-hour peer support groups with content determined by meeting participants. Trained facilitators encouraged participants to share life experiences and, ultimately, to exchange problem-solving advice and discuss coping techniques related to epilepsy and epilepsy associated social and medical challenges. In addition, a clinician was present to answer any medical questions
Brabcova, 2013[81]	This study compared an animated video vs. an educational drama vs. no intervention for stigma reduction among primary school children. The video was a 20-minute video developed by the National Epilepsy Society. The drama engaged children and was led by experts in educational drama. A KAP measured attitudes prior to the intervention and 6 months later.
Bozkaya, 2010[79]	Single lecture by pediatric neurologist followed by discussion session and videos of seizures given to students in grades 6, 7, 8. Content: types and manifestations of epilepsy, diagnosis, first aid and causes. Divided into 3 groups: high SES, low SES, rural areas. KAP-25 question instrument was administered before and four weeks following.
Martiniuk, 2010[80]	Public service announcement (60 seconds) with KA survey administered pre- and one-month post PSA to all grade 5 students.
Roberts, 2010[49]	This 10 minute first-aid educational video "Epilepsy: Help by Understanding" was given to university psychology students. Knowledge and attitudes were compared pre- and post-intervention.
Kumari, 2009[38]	Receiving regular treatment, including comprehensive psychosocial intervention, for at least 1 year
Aydin, 2007[52]	A single, 45-minute seminar was given to primary school teachers. Content was nature of epilepsy, causes, consequences, social/professional/legal aspects, attitude training, and first aid. KAP-18 question instrument was administered pre- and 30 days post-seminar.
Fernandes, 2007[47]	20-hour course: "Epilepsy and Health" training course - 8 hours on epilepsy, 12 hours on educational methods to use in class on theme of epilepsy given to primary school teachers KAP-47 question instrument was administered before and after course.

Author, year	Description of Intervention
Fernandes, 2007[51]	Courses for physicians, community leaders, and Health Care Workers (HCWs). Content: Module I: 8-hour course for MDs for pragmatic management per Brazil demonstration project. Module II: 3-hour course for community leaders and HCW's for social reintegration. Module III: training the trainer, 20-hour course for physicians to train others. KAP administered pre- and 6 months post-modules for health care deliverers.
Martiniuk, 2007[21]	Education intervention was a single 30 minute scripted "Thinking about Epilepsy" program that included posters, photographs, TV commercials, puppet shows, role playing given to grade 5 students. KAP-33 question instrument was administered at baseline and one month after intervention.
Tedrus, 2007[77]	A 2-hour workshop using audio visual materials produced by the Brazilian League against Epilepsy. Testing was a pre- vs. post-comparison of an attitude scale that was administered to a self-selected subgroup of the intervention participants (University students in health-related majors 1 week after the intervention).
Noronha, 2007[78]	8-hour course on epilepsy given to 5/6-year medical students. KAP-61 question instrument was administered pre and one-year post.
Reno, 2007[48]	A 30-minute lecture and a demonstration of either a correct approach to an individual with epilepsy having a seizure or an incorrect approach to an individual having a seizure given to 5th grade students. Materials and demonstration given by "researcher." 3 groups: 1) appropriate intervention to seizure 2) inappropriate 3) control. Stigma Scale of Epilepsy was administered before and 6 months after the intervention.
Bekiroglu, 2004[76]	Four lecture seminars were given to primary school teachers over a 2-year period. Content: nature of epilepsy, causes, consequences, social/professional/legal aspects, attitude training, and first aid. KAP-29 question instrument was administered before the seminars and after (2+ years).
Kim, 2003[75]	The intervention was a public education campaign. Mass media and lectures one a year for 2 years in conjunction with a mandatory agriculture lecture given to general public. Small group discussions 3 per year. KAP administered before and after (4 years later) the education.
Young, 2002[73]	15-minute exposure to informational brochure "All About Epilepsy". KA administration to college students done immediately after exposure and included control group which had not seen brochure.
Espinoza, 2002[74]	Test and re-test of a continuous educational intervention monthly over 8 years to teachers
Mason, 1990[72]	Three 2-hour seminars on epilepsy given to second year medical students. KA instrument was given pre- and post-intervention.
Persons with epilepsy	
Bajaj, 2018 [40]	Having epilepsy surgery
Ridsdale, 2018[42]	A 2-day (consecutive days, 16 hours total) group educational course in self-management delivered by an epilepsy nurse and EEG technician

Author, year	Description of Intervention
Pfafflin, 2012[45]	Modular education program for children with epilepsy and their parents (FAMOSES). Targeted to improve knowledge, coping, treatment outcomes, emotional, and practical adaptation to the condition. 4-6 participants per group for the children, and up to 12 in a group of parents. KAP was measured before and after the intervention.
Choi-Kwon, 2008[39]	Having epilepsy surgery
De Souza, 1998[46]	Video "Guiding Parents" developed by a psychologist to provide accurate information about epilepsy treatment and guidance on interactions between children and parents. The video was followed by a discussion. Assessment before (15 questions) and after (5 questions) intervention using author generated survey.
Gutteling, 1986[71]	Single exposure of 3 methods (brochure, slides, group discussion) in 3 subgroups based on behavioral experience baseline (no direct experience, know PWE or seen seizure, know PWE and seen seizure) given to student teachers. Knowledge and attitude administered pre-, immediately post-, and three months after.
Placentia, 1995[37]	Door-to-door, population-based survey to identify and then offer treatment to people in the community with active epilepsy. Stigma evaluation was done before and 12 months after the survey.
Kumari, 2009[38]	Receiving regular treatment, including comprehensive psychosocial intervention, for at least 1 year

Footnote: *KAP=Knowledge, Attitude and Perception Questionnaire, SES=socioeconomic status, MDs=medical doctors, HCW=Health Care Workers, PWE=people with epilepsy, PSA=public service announcement, KA=knowledge and attitude