

## Supplementary file 1: Study questionnaire

### Section A: Demographic Details

<i>Age range (years)</i>
<b>Gender</b>
Male
Female
<b>Education</b>
High school or less
Bachelor
Master or PhD
<b>Occupation</b>
Unemployed
Government sector
Military Sector
Private sector
<b>Gross monthly income</b>
<i>Below 5 k SR per month</i>
<i>5-15 K per month</i>
<i>More than 15 k per month</i>
<b>Marital status</b>
Married
Single/Never married
Divorced/Separated/Widowed
<b>Do you have any of the following medical condition(s)/illness (es) that require you to take regular medications?</b>
<b>Kidney disease</b>
Yes                                      if yes, Acute   or chronic
No
I don't know
<b>High blood pressure known as hypertension</b>
Yes

No
<b><i>Raised blood sugar known as diabetes</i></b>
Yes
No
<b><i>Heart problems such as heart failure or heart attack</i></b>
Yes
No
<b><i>Personal history of stroke</i></b>
Yes
No
<b>Does anyone in your immediate family work as a registered healthcare professional e.g. doctor, nurse, dietician or pharmacist?</b>
Yes
No
<b>Do you have a family history of kidney failure?</b>
Yes
No
<b>Lifestyle questions:</b>
<b>Are you smoker</b>
Yes
No
Ex-smoker
Passive
<b>Physical activity:</b>
Sedentary lifestyle(none)
< 150 min. / week.
>150 min. /week
<b>Do you have osteoarthritis? Yes /NO</b>
<b>Do you take pain killers? Yes or No</b>
If yes, daily, weekly, monthly
<b>Do you take NSAID? Ibuprofen (brufen),diclofenac( voltaren) etc</b>
<b>Do you take herbal medicine?</b>

If yes: daily, weekly, monthly

## Section B: Chronic Kidney Disease Knowledge Questionnaire

For Sections, 1-5, please answer 'True', 'False' or 'I don't know' to the following questions:

### Section 1

No	Question	True	False	I don't know
1	A person can lead a normal life with one healthy kidney.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Herbal supplements can be effective in treating chronic kidney disease.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Certain medications can help to slow-down the worsening of chronic kidney disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 2 What functions do the kidney perform in our body?

No	Question	True	False	I don't know
4	The kidneys make urine.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The kidneys clean blood.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The kidneys help to keep blood sugar level normal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	The kidneys help to maintain blood pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The kidneys help to breakdown protein in the body.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	The kidneys help to keep the bones healthy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3 Which of the following are commonly used to determine the health of your kidneys?

No	Question	True	False	I don't know
10	A blood test.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A urine test.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	A faecal (poo) test.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13	Blood pressure monitoring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Section 4** What are the risk factors for chronic kidney disease?

No	Question	True	False	I don't know
14	Diabetes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Being female.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	High blood pressure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Heart problems such as heart failure or heart attack.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Excess stress.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Obesity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5** What are the signs and symptoms that a person might have if they have advanced chronic kidney disease or kidney failure?

No	Question	True	False	I don't know
20	Water retention (excess water in the body).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Fever.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Nausea/vomiting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Loss of appetite.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Increased fatigue (tiredness).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your time and participation in this questionnaire**

The questionnaire consisted a total of 24 questions with the multiple-choice options 'True', 'False' and 'I don'tknow'. Correct responses are given a score of 1 and incorrect responses are

given a score of 0. The option 'I don't know' is considered as lack of knowledge and given a score of 0