

Appendices

Supplemental Table 1. Descriptive statistics

		Frequency	Percentage (%)
Gender	Female	193	59.6
	Male	131	40.4
Grade/Experience	Undergraduate (Pre-clinical years)	46	14.2
	Undergraduate (Clinical years)	211	65.1
	Postgraduate	67	20.7
Source of information	Social Media	87	26.9
	Academic Books or Journals	27	8.3
	Medical School	144	44.4
	Work experience	59	18.2
	Others	7	2.2
FND Teaching hours in medical school	No teaching at all	180	55.6
	Less than an hour	92	28.4
	Between 1-3 hours	38	11.7
	More than 3 hours	14	4.3
FND Terms	Hysteria	256	80.3
	Conversion Disorder	142	44.5
	Psychogenic Disorder	170	53.3
	Psychosomatic Disorder	97	30.4
	Functional Neurological	185	58

	Disorder		
Confidence in managing FND	Very diffident	23	7.1
	Diffident	87	26.9
	Neutral	143	44.1
	Confident	45	13.9
	Very confident	26	8

Supplemental Table 2. Responses to Myths Statements

Statement	Myth (%)	Fact (%)	Don't Know (%)
Diagnosis of exclusion (M)	24 (7.4)	230 (71)	70 (21.6)
FND commonly co-occurs with other neurological disorders (F)	216 (66.7)	11 (3.4)	97 (29.9)
A bizarre presentation indicates FND (M)	93 (28.7)	81 (25)	150 (46.3)
Different phenotypes of FND indicate different disorders (M)	55 (17)	111 (34.3)	158 (48.8)
FND symptoms are involuntary (F)	30 (9.3)	207 (63.9)	87 (26.9)
Investigations can be useful to identify co-morbid neurological conditions (F)	74 (22.8)	163 (50.3)	87 (26.9)
False diagnosis of conversion disorder is more likely than a false diagnosis of another neurological disorder (M)	25 (7.7)	165 (50.9)	134 (41.4)
There is less harm in missing a diagnosis of FND than missing another neurological disease (M)	63 (19.4)	139 (42.9)	122 (37.7)
FND is exclusively a psychological problem caused by psychological factors (M)	42 (13)	166 (51.2)	116 (35.8)
The prognosis of FND is usually good (M)	29 (9)	111 (34.3)	184 (56.8)
The treatment of FND is solely referral to a psychologist or psychiatrist (M)	86 (26.5)	112 (34.6)	126 (38.9)
There are distinguishable clinical signs of FND (F)	46 (14.2)	163 (50.3)	115 (35.5)
Most of the patients feign the disease (M)	46 (14.2)	105 (32.4)	173 (53.4)
A history of adverse life experiences and psychological comorbidities is necessary for the diagnosis (M)	218 (67.3)	23 (7.1)	83 (25.6)
Patients with FND have levels of disability and impairment in quality of life similar to those with similar debilitating conditions such as Parkinson's disease or epilepsy (F)	61 (18.8)	92 (28.4)	171 (52.8)

FND treatment is individualised and involves a careful explanation of combinations of physical and psychological rehabilitation (F)	8 (2.5)	251 (77.5)	65 (20.1)
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M: indicates a myth statement

F: indicates a fact statement

Supplemental Questionnaire

This survey aims to assess students and healthcare providers' knowledge regarding **Functional neurological disorders**.

Time to complete the survey: 3 minutes

What do you need to do? All you have to do is answer the following questions honestly. Then, provide your phone number to enter a draw. At the end of the study (within two weeks), we'll contact the winner to receive the gift card.

Participating in the survey means agreeing to include yourself in our study's data. Your information will remain anonymous, and phone numbers will be deleted after the draw.

Demographics

Gender: _____

Age: _____

Education level

(First stage of college, Second stage of college, Third stage of college, Fourth stage of college, Fifth stage of college, Sixth stage of college, Fresh graduate, First-year resident, Second-year resident, Board student, Specialist)

Governorate: _____

Phone number (optional and just for the draw): _____

Which of the following terms have you heard of before? (You can choose more than one):

(Hysteria, Conversion disorder, Psychogenic Psychosomatic, Functional neurological disorder, None)

Primary source of your information about this condition? (You can choose more than one):

(Social media, Academic books, Scientific conferences, College/University studies, Fellowships, Work experience, Scientific fields, Other)

The following statements address various aspects of the disorder. Please select one of the answers (Fact, Myth, Unknown)

- Diagnosis of exclusion (M)
- FND commonly co-occurs with other neurological disorders (F)
- A bizarre presentation indicates FND (M)
- Different phenotypes of FND indicate different disorders (M)

- FND symptoms are involuntary (F)
- Investigations can be useful to identify co-morbid neurological conditions (F)
- False diagnosis of conversion disorder is more likely than a false diagnosis of another neurological disorder (M)
- There is less harm in missing a diagnosis of FND than missing another neurological disease (M)
- FND is exclusively a psychological problem caused by psychological factors (M)
- The prognosis of FND is usually good (M)
- The treatment of FND is solely referral to a psychologist or psychiatrist (M)
- There are distinguishable clinical signs of FND (F)
- Most of the patients feign the disease (M)
- A history of adverse life experiences and psychological comorbidities is necessary for the diagnosis (M)
- Patients with FND have levels of disability and impairment in quality of life similar to those with similar debilitating conditions such as Parkinson's disease or epilepsy (F)
- FND treatment is individualised and involves a careful explanation of combinations of physical and psychological rehabilitation (F)

How confident are you in your ability to handle (obtaining medical history, diagnosis, and treatment) such cases if you encounter them in the emergency department?

(Very confident, Confident, Moderate, Not confident, Not confident at all)

How many hours of study have you received that covered conversion disorder?

(None, Less than an hour, From one hour to three hours, More than three hours)

