**Table 3. Percent of Respondents with Correct Answers to Stroke Symptom Knowledge Test**

|  |  |  |
| --- | --- | --- |
| **Which of the Following are Signs/Symptoms of Stroke?** | **Patient Responses**  **% Correct** | **Family Responses**  **% Correct** |
| Facial Droop | 84 | 92 |
| Arm and/or Leg Weakness | 89 | 93 |
| Shortness of Breath | 79 | 82 |
| Chest Pain | 79 | 84 |
| Irregular Heart Beat | 74 | 75 |
| Speech Difficulty | 89 | 94 |
| Numbness of Face, Arm, and/or Leg | 86 | 88 |
| Vision Changes/Blindness | 78 | 80 |
| Vomiting or Diarrhea | 76 | 77 |
| Dizziness | 70 | 71 |
| Headache | 67 | 70 |