Supplementary Material 1

Structured Survey and Epilepsy Surgery Knowledge Quiz

English translation for peer review; the original instrument was administered in Turkish.

The nine knowledge items were compiled and adapted from publicly accessible board-examination preparation materials and reviewed by three neurologists for clinical relevance. The knowledge component was designed as a factual quiz with a prespecified answer key, not as a psychometric scale. The six Likert statements were exploratory and addressed several distinct domains.

SECTION 1 - Participant Characteristics

1. Specialty

☐ Neurology ☐ Neurosurgery

2. Years in specialty practice

☐ 0-5 years ☐ 6-10 years ☐ 11-20 years ☐ More than 20 years

3. Institution

☐ University hospital ☐ Training and research hospital ☐ State hospital ☐ Private hospital

SECTION 2 - Factual Knowledge Quiz (True / False / Unsure)

4. Drug-resistant epilepsy is defined after failure of two appropriately selected antiseizure medications used at adequate doses and durations.

☐ True ☐ False ☐ Unsure

5. Seizure-freedom rates after temporal lobe epilepsy surgery are approximately 60%-80% in many studies.

☐ True ☐ False ☐ Unsure

6. Patients without an MRI-visible lesion cannot be candidates for epilepsy surgery.

☐ True ☐ False ☐ Unsure

7. Video-EEG monitoring is a core investigation in presurgical evaluation.

☐ True ☐ False ☐ Unsure

8. Early surgical evaluation is recommended for patients with drug-resistant epilepsy.

☐ True ☐ False ☐ Unsure

9. The rate of serious complications after epilepsy surgery is generally greater than 10%.

☐ True ☐ False ☐ Unsure

10. Not all generalized epilepsies are suitable for epilepsy surgery.

☐ True ☐ False ☐ Unsure

11. Memory function may change in some patients after epilepsy surgery.

☐ True ☐ False ☐ Unsure

12. Epilepsy surgery can be performed only in children.

☐ True ☐ False ☐ Unsure

SECTION 3 - Exploratory Attitude and Perception Statements (1=Strongly disagree, 5=Strongly agree)

13. Patients with drug-resistant epilepsy should be referred to epilepsy surgery centers at an early stage.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

14. Patients are generally referred for surgery too late.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

15. The risk of surgical complications is overestimated in clinical practice.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

16. I consider myself sufficiently knowledgeable about epilepsy surgery.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

17. Epilepsy surgery can result in a meaningful improvement in quality of life.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

18. Access to an epilepsy surgery center is an important determinant of referral.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SECTION 4 - Clinical Practice

19. How many patients did you refer for surgical evaluation during the previous year?

☐ None ☐ 1-2 patients ☐ 3-5 patients ☐ More than 5 patients

20. How long after recognizing drug-resistant epilepsy do you usually refer a patient for surgical evaluation?

☐ Less than 1 year ☐ 1-3 years ☐ 3-5 years ☐ More than 5 years

SECTION 5 - Epilepsy Experience and Education

21. How many patients with epilepsy do you evaluate per week?

☐ 0-5 ☐ 6-10 ☐ 11-20 ☐ More than 20

22. Have you previously worked with an epilepsy surgery center?

☐ Yes ☐ No

23. Does your institution have an epilepsy surgery center or council?

☐ Yes ☐ No ☐ Do not know

24. How would you rate access from your institution to an epilepsy surgery center?

☐ Easy ☐ Moderate ☐ Difficult

25. Have you received education on epilepsy surgery?

☐ During residency ☐ Postgraduate course or congress ☐ No

26. Do you actively use the definition of drug-resistant epilepsy in daily practice?

☐ Yes ☐ Partly ☐ No

SCORING KEY
Knowledge quiz: correct answer =1 point; incorrect or unsure =0 points. Total score range: 0-9

Item	Correct answer
4	True
5	True
6	False
7	True
8	True
9	False
10	True
11	True
12	False

Exploratory Likert statements: each item was scored from 1 to 5. The summed 6-30 score was used descriptively as a composite endorsement score and should not be interpreted as a validated unidimensional psychometric scale