HOUSEHOLD SURVEY QUESTIONNAIRE: SCREENING FOR EPILEPSY

Investigator's Name: _____ Signature:_____

Village: _____ Date current visit (DD/MM/YYYY): __ __/__ __/__ __ __ __

Previous HOUSEHOLD CODE __ __ __ / __ __ /__ __ __ Date previous visit __ __/__ __/__ __ __ __ GPS_____

1) Name of Household head **(*)**: _____ Tel: _____ Etnicity_____

2) Does family originate from this village?: ☐ YES ☐ NO If NO, How long have they been residing in this village? _____ (years)

3) Main income generating activity of the family: several answers possible

Farming cattle pigs fishing shop employe other, specify_____

4) Has anybody died in the household since last survey?

If YES, Name : _____age _____sex_____When _____month_____year Cause? Epilepsy/nodding Other

If YES, Name : _____age _____sex_____When _____month_____year Cause? Epilepsy/nodding Other

If YES, Name : _____age _____sex_____When _____month_____year Cause? Epilepsy/nodding Other

If YES, Name : _____age _____sex_____When _____month_____year Cause? Epilepsy/nodding Other

4) Has anybody developed epilepsy/nodding in the household since last survey?

If YES, Name : _____age _____sex_____When _____month_____year

If YES, Name : _____age _____sex_____When _____month_____year

If YES, Name : _____age _____sex_____When _____month_____year

If YES, Name : _____age _____sex_____When _____month_____year

(*) Household definition: *All occupants of the same home with or without parental ties who take meals together*

EPILEPSY SCREENING: If at least one response for 4.1 - 4.5 is YES, refer the participant to a neurologist. [YES: Yes; NO: No; ? : Unknown

1. No. pers.		2. Age	3. Gender	4.1 QUESTION 1	4.2 QUESTION 2	4.3 QUESTION 3	4.4 QUESTION 4	4.5 QUESTION 5
Pst	Abs	Year: Y Month: M	M=Male F=Female	Loss of consciousness with either urine on self and/or drooling?	Absence(s) or loss of contact with the surrounding of sudden onset and brief duration?	Jerking or uncontrolled abnormal movement (convulsion) of the limb(s) of sudden onset and lasting for a few minutes?	Head nodding?	Has it ever been said that he/she is epileptic or has he already had 2 or more seizures?
1 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
2 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
3 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
4 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
5 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
6 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
7 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
8 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
9 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
10 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
11 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
12 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
13 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
14 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
15 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
16 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
17 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
18 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
19 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐
20 ☐	☐		M ☐ F ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐	YES ☐ NO ☐ ? ☐

PERSONS SUSPECTED TO HAVE EPILEPSY (REFER TO DOCTOR / NEUROLOGIST) :

CODE (I/VV/HHH/N°): __ __ __/__ __/__ __ __/__ _ Name: _____ Sex (M/F): ____ Age: _____

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