

DODOWA HEALTH RESEARCH CENTRE

EPILEPSY PATHWAY INNOVATION IN AFRICA

EPILEPSY SCREENING QUESTIONNAIRE

VALIDATION STUDY

ALL QUESTIONS AT EACH STAGE MUST BE ASKED TO THE ELIGIBLE RESPONDENTS

FIELDWORKER CODE

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RESPONDENT CODE

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HEALTH FACILITY CODE

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INTERVIEW DATE

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Stage 1 (To be administered to the CASES AND CONTROLS)

- Q1 Do you/this member of the household have fits or has someone ever told you that you/they have fits? YES/NO
- Q2 Do you/this member of the household experience episodes in which your/their legs or arms have jerking movements or fall to the ground and lose consciousness? YES/NO
- Q3 Have you/this member of the household experienced an unexplained change in your mental state or level of awareness; or an episode of “spacing out” that you/they could not control? YES/NO
- Q4* Do you/any member of the household have experiences such as hallucinations or strange feelings e.g., epigastric rising and smells that are non-existent, and sudden emotional changes, such as unexplained fear, anxiety, or even déjà vu? YES/NO
- Q5* Have you/any member of the household ever experienced a blank stare, unfamiliarity with surrounding and fumbling and chewing movements, and have/has no recollection of anything that happened at that time? YES/NO
- Q6* Have you/any member of the household ever had reports of being unresponsive, or had an abrupt blank stare or interruption of ongoing activities for few seconds, sometimes with upward eye deviation/rolling YES/NO
- Q7* Do you/any member of the household abruptly fall on your or their head/face/buttocks/back, sometimes sustaining injuries, and waking up soon thereafter? YES/NO

Stage 2 (To be administered to CASES AND CONTROLS)

- Q1** Did anyone ever tell you that you/this member of the household had a seizure or convulsion caused by a high fever when you were a child? YES/NO
- Q2** Have you/this member of the household ever been told by a doctor that you have epilepsy or epileptic fits? YES/NO
- Q3** Have you/this member of the household ever been told by someone else that you have epilepsy or epileptic fits? YES/NO

4. If yes, who told you?

- Q5** Have you/this member of the household ever fallen to the ground without a reason and experienced twitching?
 - Q6** Have you/this member of the household ever fallen to the ground without a reason and wet yourself? YES/NO
 - Q7** Have you/this member of the household ever fallen to the ground without a reason and bitten your tongue? YES/NO
 - Q8** Did anyone ever tell you/this member of the household that when you/they were a small child, you/they would daydream or stare into space more than other children? YES/NO
 - Q9** Have you/this member of the household ever noticed any unusual body movements or feelings when exposed to strobe lights, flickering lights, or sun glare? YES/NO
 - Q10** Shortly after waking up, either in the morning or after a nap, have you/this member of the household ever noticed uncontrollable jerking or clumsiness, such as dropping things or things suddenly “flying” from your hands? YES/NO
 - Q11** Have you/this member of the household ever had any other type of repeated unusual spells?
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* Non-convulsive epileptic screening questions? YES/NO

*A “yes” response to any of the questions will be considered as a positive screen