

Case Id/HH Id t

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Respondent Status: 1 Epileptic case

2 Non Epileptic case

Questionnaire

National Survey on Prevalence of Epilepsy in Bangladesh-2017

Organized by: **National Institute of Neurosciences and Hospital**, Dhaka

Technical Support: **World Health Organization**

Questionnaire For Field Enumerator

Section A: Household Information

Name	Code
A1. PSU ID	
A2. PSU Name (Mouza/Moholla)	
A3. PSU Status	1 Urban 2 Rural
Division	
District	
Upazilla	
Union/Ward No	
A4. Field Enumerator ID:	
A5. Date of Interview (DD/MM/YYYY)	
A6. Respondent Mobile No	
A7. House Hold Status	1 Male 2 Female

House hold Visiting Date

Sl. No	Visiting Date Day/Month/Year	House hold Code	Individual Code
01	/ /		
02	/ /		
03	/ /		

Eligible Household Identification

A8	Household Head Name :	
A9	Household Head Age :	
A10	Household Head Education status (highest level of education)class
A11	Number of household member

Kish table – Selection of Respondent

(Let's start listing the males/females from oldest to youngest who are 1 month of age or older, Please write Male Respondents for Male Household and Female Respondents for Female Household)

Sl.No	B1 Name	B2 Age	1	2	3	4	5	6	7	8	9	0
1			1	1	1	1	1	1	1	1	1	1
2			2	1	2	1	2	1	2	1	2	1
3			1	2	3	1	2	3	1	2	3	1
4			1	2	2	3	3	4	4	1	4	1
5			1	2	3	4	3	5	5	2	5	2
6			1	2	3	4	5	5	6	2	6	2
7			5	6	7	1	2	3	4	5	7	5
8			1	2	3	4	5	6	7	8	1	2
9			8	9	1	2	3	4	5	6	7	8
10			9	10	1	2	3	4	5	6	7	8

A12	Total number of HH member as per Kish table	<input type="text"/>
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Section B: Demographic Information

B1.1	Selected Respondent Name:	B1.2 Selected number from Kiss Table <input type="text"/>
B2	What is your Date of Birth?	
B3	Age	<input type="text"/> <input type="text"/> <input type="text"/>
B4	Sex (1. Male 2. Female)	<input type="text"/>
B5	What is the highest level of education you have completed?	<input type="text"/> <input type="text"/>
B6	What is your main work status over the past 12 months? (Please See Cue Card)	<input type="text"/> <input type="text"/>
B7	What is the main material of the roof of main house?	1. Kacha 2. Semi Paka 3. Paka

Questionnaire for research physician

Questionnaire		Answer	
D1	Research physician ID		
D2	Does the patient lose consciousness during the seizure?	Yes 1	No 2
D3	Does the patient's arms /legs/whole body jerk repeatedly, during the seizure?	Yes 1	No 2
D4	Does the patient stare blankly during the seizure?	Yes 1	No 2
D5	Does the patient experience the following symptoms during seizure?		
	D5.1 Tongue Bite	Yes 1	No 2
	D5.2 Fall down and Physically Injured	Yes 1	No 2
	D5.3 Urinate and defecate during that event /	Yes 1	No 2
D6	Does the patient suddenly experienced times during which you lose contact with the surroundings while talking with someone or stop doing work or unconscious.	Yes 1	No 2
D7	Does the patient or child suddenly experience jerky movements or shock like state that occurred repeatedly?	Yes 1	No 2
D8	Does the child had repeated flexion of neck and trunk along with jerks?	Yes 1	No 2
D9	Suddenly experienced times where you feel confused, and experience chewing movements or hand movements (like rubbing your fingers together), someone told you.	Yes 1	No 2
D10	Have you had any symptoms similar to those mentioned below, before starting seizure?		
	D10.1 Feel strange odors	Yes 1	No 2
	D10.2 See abnormal view/sight	Yes 1	No 2
	D10.3 Heard abnormal sound	Yes 1	No 2
	D10.4 Hallucination about size and shape of an object.	Yes 1	No 2
	D10.5 Abnormal feeling	Yes 1	No 2
	D10.6 Abdominal pain/ feel sick	Yes 1	No 2
	D10.7 Headache	Yes 1	No 2
	D10.8 Sense of fear	Yes 1	No 2
D11	After seizure, Have you had any symptoms similar to those mentioned below?		
	D11.1 Confusion	Yes 1	No 2
	D11.2 Restlessness	Yes 1	No 2
	D11.3 Headache	Yes 1	No 2
	D11.4 Drowsiness	Yes 1	No 2
	D11.5 Amnesia	Yes 1	No 2
	D11.6 Vomiting	Yes 1	No 2
	D11.7 Abnormal act	Yes 1	No 2
	D11.8 Sense of paralysis in any part of the body	Yes 1	No 2
D12	** If any of the symptoms /signs described in question D1 through D11 is present in any patient/child than that case will be provisionally No declared as epileptic with further confirmation research physician / Investigators		

If the answer of D12 is Yes then you have to ask the following questions about the patient

D13	How long do you have seizure?DayMonth..... Year
D14	What is the duration of loss of consciousness Minute
D15	Does the patient have started seizure in both side of the body simultaneously?	Yes 1 No 2
D16	If the answer of the above question is No <ul style="list-style-type: none"> Whether the seizure was limited to one side of the body? Yes 1 After starting the seizure in one side of the body whether it spreaded to opposite site No 2 	
D17	Does the patient's have the following symptoms repeatedly in the arms /legs/whole body, during the seizure?	
	D17.1 Repeated colonic movements during seizure	Yes 1 No 2
	D17.2 Tonic posturing of the body	Yes 1 No 2
	D18.1 Total number of seizures in the last 6 months?times
	D18.2 Do you have more than one seizure in the last one year?	Yes 1 No 2
D19	Have you taken any antiepileptic medication for epilepsy?	Yes 1 No 2 (If Ans. is No then go to D22)
D20	If above answer is Yes then , what type of medicine you are taking?	AED Medicine 1 Homeo Medicine 2 Herbal Medicine 3
	D20.1 If you take AED then which medicine you are taking?	Carbamazepine (CBZ) 1 Phenobarbitone (PHB) 2 Phenytoin (PHT) 3 Valproic Acid (SVA) 4 Others 5 (more then one answer possible)
	D20.2 Drugs Current Dosage	1 Carbamazepine (CBZ) 2 Phenobarbitone (PHB) 3 Phenytoin (PHT) 4 Valproic Acid (SVA) 5 Others 1 2 3 (more than one answer possible)
	D20.3 Do you have any side effect related to above antiepileptic medication	Yes 1 No 2
	D20.4 If above answer is Yes, then what happened?	Rash 1 Sedation 2 Restlessness 3 Jaundice 4 Abdominal Pain 5 Gum Hypertrophy 6 Ataxia 7 Diplopia 8 *Others (Specify if any) 9

D21	D21.1 Do you miss any dose of epilepsy medicine	Yes 1 No 2
	D21.2 Do you have any irregularity or negligence about taking medication	Yes 1 No 2
	D21.3 If you feel any untoward effects while taking medication, in that case do you stop medicine?	Yes 1 No 2
	D21.4 Do you stop medicine inspite of improvement	Yes 1 No 2

D22	What is the cause of taking irregular medication <i>(more than one answer possible)</i>	I was unaware about the fact that I had epilepsy	1
		It was not known to me that epilepsy is curable by medicine	2
		I had to take medicine regularly for epilepsy but it was not known to me	3
		It was not known to me about the long duration (>2years)	4
		High cost of medicine	5
		Medicine is not available	6
		Side effects developed while taking medication	7
		Seizure did not reduce inspite of taking medication regularly	8
		Difficulty in taking treatment due to long distance of Govt. health facility	9
		Belief of cure by alternative medicine / spiritual effect rather than AED	10
		None of the above please specify	11
D23	Type of Epilepsy:	Simple Partial	1
		Complex Partial	2
		Partial →2 ⁰ GTCS	3
		GTCS	4
		Tonic	5
		Myoclonic	6
		Absence	7
		Infantile Spasm	8
		Unclassified	9