SUPPLEMENTAL MATERIAL

ÉFÉCAB

Improving pig management to prevent epilepsy in Burkina Faso

Center Hospitalier Universitaire Souro Sanou, AFRICSanté & University of Oklahoma Health Sciences Center

SCREENING QUESTIONNAIRE

| Last name: | First name: |
|--|---|
| | |
| Questionnaire number: Identification number: _ _ | |
| Village: | |
| Concession: | |
| Household number: | |
| How long have you lived in this villa | age?(yrs.) |
| Do you benefit from a health insura | |
| If yes, what type of health insurance | e is it? |
| ☐ Private Health insurance ☐ Mutua | al Health insurance □ Other [<i>specify</i>] |
| 1. How old are you?(| years) |
| 2. What is your date of birth? Da | y Month Year |
| 3. Sex: □ Male □ Female | |
| 4. Did you go to a modern school? □ | Yes □ No [please go to Q6] |
| 5. What is the last grade you attende | |
| 5.1. What is the highest schooling gra | ade you have completed? |
| □ None □ CEPE □ BEPC □ BEP/CA | |
| □ Baccalauréat □ University degree | |
| | other word, what work do you do most of the time [housewife is an occupation]? |
| □ Farmer □ Small business □ Hand | |
| ☐ Salaried (specify) | |
| □ Other (specify) | <u></u> |
| | vhat is your monthly salary? CFA |
| | missed because of illness in the past month? days |
| | byment, how many days have you been unable to attend to your daily chores in the past month |
| (past 30 days)? days | |
| 7.2. What illness was it? | |
| | ree episodes of liquid or loose stools in one day) during the past two weeks? □ Yes □ No |
| | missed because of illness in the past year (past 12 months)? days |
| | oyment, how many days have you been unable to attend to your daily chores in the past year |
| (past 12 months)? days | |
| 8.2. What illness(es) was it? | |
| 9. Where do you usually get your drin | - |
| ☐ Tap water ☐ Open well ☐ Traditio | |
| □ Drilled well □ Spring □ River/poo | Uther (specify) |
| 10. Do you boil your drinking water? | |
| □ Always □ Almost always □ Sometimes □ Never | |
| | a [Skin to 011 a than 012] |
| 11. Do you eat pork meat? ☐ Yes ☐ N 11.a. If no, did you use to eat pork me | |
| 11.1. How often do you eat pork? | 3d!! - 165 - 100 |
| | an once a month but at least once a year |
| □ Less than once a year | in once a month but at least once a year |
| 12.1. How is the pork that you eat pre | anared? [Check all that apply] |
| □ Boiling □ Barbeque | spared: [Orieck all triat apply.] |
| □ Fried □ Others [Specify] | |
| 12.2. Have you ever eaten [Check all | that apply 1 |
| □ Raw pork meat □ Rare pork mea | |
| ☐ Medium cooked pork meat ☐ We | |
| □ Cannot remember, do not know | |
| 12.3. Where do you usually eat pork | meat [Check all that applies] |
| ☐ At home ☐ At another concessio | |

| ☐ At the village's market ☐ At another village's market |
|--|
| □ Other (specify)13. Do use a latrine? |
| □1 Yes □2 No [Skip to Q15] |
| 13.1. How often do you use a toilet when you have to defecate? |
| □1 Always □2 Sometimes □3 Never |
| 15. Have you ever owned pigs (now or in the past)? [If they answer "yes", read options 1, 2 and 3] |
| □1 Yes, in the past 12 months □2 Yes, one (1) to five (5) years ago |
| the state of the s |
| □3 Yes, more than five (5) years ago □4 No [Skip to Q 17] |
| 16. Were you ever told that your pigs or piglets were infected with cysts (cysticercosis)? |
| \Box 1 Yes \Box 2 No [Skip to Q 17] |
| 16.1. When were you told that your pig or piglets were infected with cysts (cysticercosis)? |
| □1 In the past year □2 One (1) to five (5) years ago |
| □3 More than five (5) years ago |
| □4 Never told (skip to Q 17) □5 Cannot remember, do not know (Skip to Q 17) |
| 17. Have you ever seen or heard of white nodules (rice) in pig carcasses? |
| \Box 1 Yes \Box 2 No [Skip to Q 18] |
| 17.1. Where can you find nodules on a live pig? |
| □1 It is not possible to find them on a live pig |
| □2 Under the skin □3 Under the tongue |
| □4 I don't know □5 Somewhere else [Specify] |
| 17.2. How do pigs get these nodules? |
| □1 By eating human feces □2 By eating pig feces |
| □ 1 By eating number reces □ 2 By eating pig reces □ 3 From another infected pig □ 4 Other [Specify] |
| □5 I don't know |
| 17.3. How did you hear about those nodules in pigs? |
| □1 By a meat inspector □2 By a pig trader |
| □3 By a traditional healer □4 At the radio/in the newspaper |
| □5 By a friend □6 By ÉFÉCAB |
| □7 Other (specify) |
| 18. Have you ever heard of tapeworm infection in humans? |
| □1 Yes □2 No [Skip to Q 19] |
| 18.1. How did you learn about it? |
| □1 By a doctor □2 By a friend or family member |
| □3 By a traditional healer □4 On the radio/newspaper |
| □5 Other [Specify] |
| 18.2. How does a person know if they have a tapeworm? |
| □1 They can see it in their feces □2 They have diarrhea |
| □3 They have fever □4 Other [Specify] |
| □5 I don't know |
| 18.3. Have you ever had a tapeworm or seen small parts (segments) of worms that look like rice grains in your faeces? |
| (Show photographs of proglottids) |
| □1 Yes □2 No [Skip to Q 18.4] |
| □3 I don't know/cannot remember [Skip to Q 18.4] |
| 18.3.1. When that happened, what did you do? [check all that applies] |
| □1 Went to a primary health care provider (hospital, clinic, dispensary) □2 Went to the pharmacy to get a drug to treat it |
| □3 Went to a traditional healer □4 Did nothing |
| □5 I cannot remember, I do not know |
| 18.4. How does a person get tapeworm infection? |
| □1 They do not wash their hands □2 They eat undercooked pig meat |
| □3 They are in contact with an infected person □4 Other [Specify] |
| □5 I don't know |
| 19. Have you ever had skin nodules or hard lumps under the skin? [Show photograph of person with subcutaneous cysticercosis |
| nodules] |
| □1 Yes, currently has □2 Yes in the past year, but not currently |
| □3 Yes, one year or more ago, but not currently □4 No |
| □5 Cannot remember, do not know |
| 20. Have you ever had bad headaches that did not go away and that got worse over time? |
| □ Yes, currently has □ Yes in the past year, but not currently |
| □ Yes, one year or more ago, but not currently □ No [Skip to Q21] |
| □ Cannot remember, do not know [Skip to Q21] |
| |

| 20.1. Were these headaches bad enough to keep you from do □ Yes □ No □ Cannot remember, do not know | oing your daily chores, work or going to school? |
|--|---|
| [If any 'yes' to question 20 and 'yes' or 'can't remember should be examined by the field doctor] | r/don't know' to question 20.1–NOTE ON PDA that this person |
| 20.2. How old were you when this type of headaches first hap | ppened? |
| □1 I was a child (less than 15) and I was | |
| □2 I was a young adult (15–19) and I was | |
| □3 I was an adult and I was (20 or more) and I was | years old |
| □4 Cannot remember, do not know | |
| | n your vision, such as black spots, or seeing zig-zag or wavy lines or |
| numbness in your fingers, arms or legs? □ Yes □ No □ Cannot remember, do not know | |
| 20.4. When you have headaches, do you also suffer from nau | sea or vomiting? |
| ☐ Yes ☐ No ☐ Cannot remember, do not know | sou of vorniting. |
| 21. Have you ever had any of the following? | |
| 21.1. Sudden loss of consciousness and episodes of incontin | ence or foaming of the mouth or tongue biting? |
| □1 Yes, currently has □ 2 Yes in the past year, but not curre | ently |
| □3 Yes, one year or more ago, but not currently | |
| \Box 4 No [<i>Skip to Q 21.2</i>] \Box 5 Cannot remember, do not know | |
| [If options 1, 2, or 3-NOTE ON THE PDA that this person | n must be examined by the team doctor |
| 21.1.1. (If yes) How often has this happened? | |
| □1 Only once □2 More than once | |
| 21.1.2. How old were you when this first happened? | |
| □1 I was a child (less than 15) and I was | years old |
| □2 I was a young adult (15–19) and I was | years old |
| □3 I was an adult and I was (20 or more) and I was | years old |
| □4 Cannot remember, do not know | |
| 21.1.3. When did it happen for the first time? | |
| □1 In the past year (past 12 months) □2 From 1 to 2 years a □3 From 3 to 4 years ago □4 At least 5 years ago | igo |
| □5 Cannot remember, do not know | |
| 21.2. A brief period of absence(s) or loss(es) of contact with the | ne surroundings that starts suddenly? |
| ☐1 Yes, currently has ☐2 Yes in the past year, but not curre | |
| □3 Yes, one year or more ago, but not currently | , |
| □4 No [Skip to Q 21.3] □5 Cannot remember, do not know (| (Skip to Q 21.3) |
| [If options 1, 2, or 3-NOTE ON THE PDA that this persor | n must be examined by the team dector! |
| | must be examined by the team doctory |
| 21.2.1. How often has this happened? □1 Only once □2 More than once | |
| 21.2.2. How old were you when this first happened? | |
| ☐ I was a child (less than 15 years old) and I was | vears old |
| ☐ I was a young adult (15–19 years old) and I was | |
| □ I was an adult (more than 20 years old) and I was | |
| □ Cannot remember, do not know | |
| 21.2.3. When did it occur for the first time? | |
| □ During the past year (past 12 months) □ From 1 to 2 years | s ago |
| ☐ From 3 to 4 years ago ☐ At least 5 years ago | |
| ☐ Cannot remember, do not know | nts of one or more limb(s) (convulsions) that starts suddenly and lasts |
| for a period of a few minutes? | its of one of more limb(s) (convaisions) that starts suddenly and lasts |
| ☐1 Yes, currently has ☐2 Yes in the past year, but not curre | ntly |
| □3 Yes, one year or more ago, but not currently | ···· y |
| □4 No [Skip to Q 21.4] □5 Cannot remember, do not know [| [Skip to Q 21.4] |
| (If antions 1.2 or 2. NOTE ON THE DDA that this name | a must be exemined by the teem destar! |
| [If options 1, 2, or 3-NOTE ON THE PDA that this person | i must be examined by the team doctorj |
| 21.3.1. How often has this happened? | |
| □1 Only once □2 More than once 21.3.2. How old were you when this first happened? | |
| ☐ I was a child (less than 15 years old) and I was | vears old |
| □ I was a young adult (15–19 years old) and I was | |
| , | - <i>,</i> |

| □ I was an ad | dult (more than 20 years old) and I was | years old |
|--|---|---|
| □ Cannot rem | member, do not know | |
| 21.3.3. When di | lid it occur for the first time? | |
| □ During the | past year (past 12 months) □ From 1 to 2 ye | ars ago |
| □ From 3 to 4 | 4 years ago □ At least 5 years ago | |
| | member, do not know | |
| | | r seeing things that are not there or feeling strange body sensations? |
| | ently has □2 Yes in the past year, but not cur | |
| | year or more ago, but not currently | Terruy |
| | | u [Skin to 0 21 5] |
| $\Box 4$ NO [Skip to | to Q 21.5] □5 Cannot remember, do not knov | V [SKIP to Q 21.5] |
| [If ontions 1 | 2 or 3-NOTE ON THE PDA that this ners | on must be examined by the team doctor] |
| | ten has this happened? | on made so onaminou sy the tourn addition, |
| | | |
| • | e □2 More than once | |
| | d were you when this first happened? | |
| | ld (less than 15 years old) and I was | |
| | ung adult (15-19 years old) and I was | |
| | dult (more than 20 years old) and I was | years old |
| | member, do not know | |
| | lid it occur for the first time? | |
| | past year (past 12 months) □ From 1 to 2 ye | ars ago |
| | 4 years ago □ At least 5 years ago | |
| | member, do not know | |
| | ever told that you had epilepsy or that you h | |
| □1 Yes, curre | ently has $\square 2$ Yes in the past year, but not cur | rently |
| □3 Yes, one y | year or more ago, but not currently □4 No | |
| □5 Cannot re | emember, do not know | |
| | | |
| | 2 or 3-NOTE ON THE PDA that this ners | on must be examined by the team doctor] |
| | | |
| 21.5.2. How old | d were you when this first happened? | |
| 21.5.2. How old | | |
| 21.5.2. How old □ I was a child | d were you when this first happened? | years old |
| 21.5.2. How old □ I was a chile □ I was a you | d were you when this first happened? Id (less than 15 years old) and I was | years old years old |
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[If the interviewee has answered "no" to questions 20 to 21.6, the interview is finished. Go to last page and complete questions 30 & 31 based on observation.]

THANK YOU VERY MUCH FOR YOUR COOPERATION

[Otherwise, please continue with the questionnaire]

22. Have you had any of the following?

| 22.1. Head injury that made you lose consciousness? □ 1Yes □2 No [Skip to Q 22.2] |
|---|
| 22.1.1. If yes, when did your seizure symptoms or headaches start? |
| □1 Before head injury □2 Soon after head injury |
| □3 Long time after the head injury □4 Cannot remember, do not know |
| 22.2. Meningitis (brain infection) during childhood? □1 Yes □2 No |
| 22.2.1. If yes, when did your seizure symptoms or headaches start? |
| □1 Before meningitis □2 Soon after meningitis |
| □3 Long time after meningitis □4 Cannot remember, do not know |
| 23. What happens to you when you have a seizure or a fit? |
| 23.1. What happens to you when you have a headache? |
| 24. Have you ever hurt yourself when you lose consciousness or during a seizure? |
| □1 Yes □2 No |
| □3 I do not lose consciousness or have seizures [Skip to Q 25] |
| □4 Cannot remember [Skip to Q 25] |
| 24.1. If yes, how did you hurt yourself? |
| □1 Fell in the fire □2 Fell in the water |
| □3 Fell off your bicycle □4 Fell while walking along the road |
| □5 Cut yourself □6 Other [Specify] |
| (Interviewer: Read the following statement) |
| · |
| Now I want to ask you a few questions about your treatments for [insert name of symptom or condition they reported having in questions 20 to 21.6. Note that there may be more than one condition that applies] |
| 26. Have you ever consulted a health provider because of this condition? |
| □2 No [Skip to Q 27] □3 Cannot remember [Skip to Q 27] |
| □1 Yes |
| 26.2. When was the last time you consulted a health provider for your condition? |
| □1 Within the past month □2 Within the past year |
| □3 From one (1) to five (5) years ago □4 More than five (5) years ago |
| □5 Cannot remember, not sure |
| 26.3. What kind of health provider(s) did you consult and how many times in the past 5 years [check several boxes if appropriate] |
| □ A health professional/ times □2 A traditional healer/times |
| □ Other (specify)/times |
| □ Cannot remember, not sure |
| 27. Have you ever been hospitalized because of this condition? |
| □ No [Skip to Q 28] □ Cannot remember [Skip to Q 28] |
| □Yes |
| 27.1. When you were last hospitalized, did someone come with you? |
| □ Yes □ No [Skip to Q 27.2] □ Cannot remember [Skip to Q 27.2] |
| 27.1.1. Who came with you? |
| □1 Mother □2 Father |
| □3 Brother/sister □4 Children [indicate how many] |
| □5 Others (specify) |
| 27.2. How many times have you been hospitalized in the past 5 years?times |
| 27.3. When were you last hospitalized?(months) |
| 27.3.1. How many days did you stay in hospital? (days) |
| 28. Did you ever have any medical tests because of this condition? |
| □2 No [Skip to Q 29] □3 Cannot remember, do not know [Skip to Q 29] |
| □1 Yes |
| 28.2. What kind of test was it (check as many boxes as appropriate)? |
| □1 Blood test □2 computed tomography scan of the brain |
| □3 X-ray □6 Stool examination |
| □8 Spit test |
| □5 Other [specify] |
| |
| □7 Cannot remember, not sure |

| □1 Within the past month | h □2 Within the past year |
|-----------------------------|---|
| □3 From one (1) to five (| 5) years ago 🗆 4 More than five (5) years ago |
| □5 Cannot remember, n | ot sure |
| 29. Have you ever taken m | edicine to treat this condition? |
| □2 No [end of interview] | □3 Can't remember, do not know [end of interview] |
| □1 Yes | |
| 29.2. When was the last tir | ne you used medication for your condition? |
| □1 Within the past month | h □2 Within the past year |
| □3 From one (1) to five (| 5) years ago [end of interview] |
| □4 More than five (5) ye | ars ago [end of interview] |
| □5 Cannot remember, n | ot sure [end of interview] |
| 29.3. What medication was | it and how many times in the past year did you have to use some (check several boxes if appropriate)? |
| □1 Carbamazepine/Teg | retol times □2 Phenytoin/Dihydan times |
| □3 Valproic acid/Dépak | ntimes □4 Phenobarbital/Gardénaltimes |
| □5 Paracétamol tim | es at mg each time |
| □6 Paracétamol/dextrop | propoxyphènetimes at mg each time |
| □7 Dihydroergotamine (| Séglor, Tamik)times at mg each time |
| □8 Laroxyltime: | at mg each time |
| □9 Traditional medicine | |
| □10 Other (specify |)times |
| □11 Cannot remember, | not sure |
| | THIS IS THE END OF THE INTERVIEW |
| | THANK YOU VERY MUCH FOR YOUR COOPERATION |
| INTERVIEWER. | DATE OF INTERVIEW |