



- 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  
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)?  
1 Yes 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?  
1 Yes 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  
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 doing your daily chores, work or going to school?  
 Yes  No  Cannot remember, do not know

**[If any 'yes' to question 20 and 'yes' or 'can't remember/don't know' to question 20.1--NOTE ON PDA that this person should be examined by the field doctor]**

20.2. How old were you when this type of headaches 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

20.3. When you have headaches, do you have any trouble with 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 nausea or vomiting?

- Yes  No  Cannot remember, do not know

21. Have you ever had any of the following?

21.1. Sudden loss of consciousness and episodes of incontinence or foaming of the mouth or tongue biting?

- 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 [Skip to Q 21.2] 5 Cannot remember, do not know

**[If options 1, 2, or 3--NOTE ON THE PDA that this person 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 ago  
3 From 3 to 4 years ago 4 At least 5 years ago  
5 Cannot remember, do not know

21.2. A brief period of absence(s) or loss(es) of contact with the surroundings that starts suddenly?

- 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 [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 person must be examined by the team doctor]**

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 \_\_\_\_\_ years old  
 I was a young adult (15–19 years old) and I was \_\_\_\_\_ years old  
 I was an adult (more than 20 years old) and I was \_\_\_\_\_ years old  
 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 ago  
 From 3 to 4 years ago  At least 5 years ago  
 Cannot remember, do not know

21.3. Uncontrollable twitching or jerking or abnormal movements of one or more limb(s) (convulsions) that starts suddenly and lasts for a period of a few minutes?

- 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 [Skip to Q 21.4] 5 Cannot remember, do not know [Skip to Q 21.4]

**[If options 1, 2, or 3--NOTE ON THE PDA that this person must be examined by the team doctor]**

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 \_\_\_\_\_ years old  
 I was a young adult (15–19 years old) and I was \_\_\_\_\_ years old

- I was an adult (more than 20 years old) and I was \_\_\_\_\_ years old
- Cannot remember, do not know

21.3.3. When did it occur for the first time?

- During the past year (past 12 months)  From 1 to 2 years ago
- From 3 to 4 years ago  At least 5 years ago
- Cannot remember, do not know

21.4. Sudden onset of a brief period of hearing or smelling or seeing things that are not there or feeling strange body sensations?

- 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 [*Skip to Q 21.5*]  5 Cannot remember, do not know [*Skip to Q 21.5*]

**[If options 1, 2, or 3—NOTE ON THE PDA that this person must be examined by the team doctor]**

21.4.1. How often has this happened?

- 1 Only once  2 More than once

21.4.2. How old were you when this first happened?

- I was a child (less than 15 years old) and I was \_\_\_\_\_ years old
- I was a young adult (15–19 years old) and I was \_\_\_\_\_ years old
- I was an adult (more than 20 years old) and I was \_\_\_\_\_ years old
- Cannot remember, do not know

21.4.3. When did it occur for the first time?

- During the past year (past 12 months)  From 1 to 2 years ago
- From 3 to 4 years ago  At least 5 years ago
- Cannot remember, do not know

21.5. Were you ever told that you had epilepsy or that you had had an epileptic seizure?

- 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

**[If options 1, 2, or 3—NOTE ON THE PDA that this person must be examined by the team doctor]**

21.5.2. How old were you when this first happened?

- I was a child (less than 15 years old) and I was \_\_\_\_\_ years old
- I was a young adult (15–19 years old) and I was \_\_\_\_\_ years old
- I was an adult (more than 20 years old) and I was \_\_\_\_\_ years old
- Cannot remember, do not know

21.5.3. When were you told you had epileptic seizures or epilepsy for the first time?

- During the past year (past 12 months)  From 1 to 2 years ago
- From 3 to 4 years ago  At least 5 years ago
- Cannot remember, do not know

21.6. Have you ever had seizures or fits?

- 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 [*Skip to Q 22*]  5 Cannot remember, do not know [*Skip to Q 22*]

21.6.1. How often has this happened?

- 1 Only once  2 More than once

**[If options 1, 2, or 3—NOTE ON THE PDA that this person must be examined by the team doctor]**

21.6.2. How old were you when this first happened?

- I was a child (less than 15 years old) and I was \_\_\_\_\_ years old
- I was a young adult (15–19 years old) and I was \_\_\_\_\_ years old
- I was an adult (more than 20 years old) and I was \_\_\_\_\_ years old
- Cannot remember, do not know

21.6.3. When did it occur for the first time?

- During the past year (past 12 months)  From 1 to 2 years ago
- From 3 to 4 years ago  At least 5 years ago
- Cannot remember, do not know

**[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?  1 Yes  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]?
- 1 A health professional/\_\_\_\_\_ times  2 A traditional healer/\_\_\_\_\_ times
  - 3 Other (specify \_\_\_\_\_)/\_\_\_\_\_ times
  - 4 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
- 28.3. When was the last time you had a medical test for this 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

29. Have you ever taken medicine 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 time you used medication for your condition?

- 1 Within the past month 2 Within the past year
- 3 From one (1) to five (5) years ago [end of interview]
- 4 More than five (5) years ago [end of interview]
- 5 Cannot remember, not 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/Tegretol \_\_\_\_\_ times 2 Phenytoin/Dihydán \_\_\_\_\_ times
- 3 Valproic acid/Dépakín \_\_\_\_\_ times 4 Phenobarbital/Gardénal \_\_\_\_\_ times
- 5 Paracétamol \_\_\_\_\_ times at \_\_\_\_\_ mg each time
- 6 Paracétamol/dextropropoxyphène \_\_\_\_\_ times at \_\_\_\_\_ mg each time
- 7 Dihydroergotamine (Séglor, Tamik) \_\_\_\_\_ times at \_\_\_\_\_ mg each time
- 8 Laroxyl \_\_\_\_\_ times at \_\_\_\_\_ mg each time
- 9 Traditional medicine \_\_\_\_\_ times
- 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 \_\_\_\_\_