INTERVIEW FORM FOR PATIENTS WITH SEIZURES IN KABAROLE DISTRICT

Introduction to the patient and the accompanying person (A.P.)

You have mentioned that you / the patient has seizures (use of the local term). We want to investigate the disease of seizures and we want to treat the people who have them. Therefore we want to ask you some questions about you and your complaints. We also ask you, if you agree in three additional investigations:

1. EEG - This is an examination of the head, which can show us signs of the disease of seizures. It is not painful and it is harmless.
2. Taking a blood sample.
3. A skin snip: This is to take a very small piece of skin to look for onchocerciasis (use of local term). This is not more painful than taking a blood sample.

Make a cross [X] in the box with correct answer; leave box empty or mark like this [ ], if not correct; fill with numbers or letters if appropriate

IDENTIFYING INFORMATION

1. Nr. (seizure invest.): ____________  Oncho Nr.: __ / __
2. Date of Interview: __/__/__  Place ________________________
3. Name of patient: __________________
4. Age: ___  Gender: ___  Tribe: ________________________
5. Village (description/map): ________________________________
6. Name of accompanying person: ______________________________
7. Relationship of A.P. to patient: ______________________________

SEIZURE DESCRIPTION

1. How does the seizure look like? Describe the last one which you have seen: [consciousness; reaction; falling; movements; stiff/slump; eyes; side difference; condition after seizure]

2. How long does the seizure last usually?
   - Only a short moment (e.g. the time to take a breath) [ ]
   - A longer time/some minutes (e.g. the time since we start talking) [ ]
   - Much longer than some minutes, but not one hour [ ]
   - More than 1 hour, number of hours: ______

3. Does the patient feel the seizure coming? Describe! [ ]
4. What time of the day(A) or night(B) does it happen? e.g. in the morning(C), evening(D), when sleeping at night(E), when waking up(F) or other(G) or at no special times(H):

5. Are there special situations which can make the seizures happen? e.g. looking at fire(A), breathing fast(B), carrying something heavy(C), having a quarrel or dissatisfaction(D), drinking some alcohol(E), fever(F) or other things(G)?

6. When did the patient have a seizure the last time? today [ ] days ago; ___ weeks ago; ___ months ago; ___ years ago

7. When was the one before the last one? ___ days before last one; ___ weeks; ___ months

8. How often did the patient have a seizure in the last year? ___ times per day; ___ per week; ___ per month; ___ per year

9. In the last month, did the seizures happen more [ ] less [ ] the same [ ]

more often or less often than before?

10. When was the first seizure, the patient ever had? ___ weeks ago; ___ months ago; ___ years ago; at age: ___ years

11. Was there fever with the first seizures? [ ]

12. Do the seizures always look the same? [ ]
If no, describe:

Treatment

13. Has the patient got treatment against the seizures? [ ]

14. Where did you get treatment? family [ ] healer [ ] health center [ ] hospital [ ] other: __________

15. What kind of treatment? Phenobarbital [ ], ___ mg/day, from: ___ ___ / ___ ___ to: ___ ___ / ___ ___ other tablets: __________, __________ mg/day other treatment (describe): __________

16. Did the treatment help you? No change [ ] Yes [ ] seizures stopped [ ] seizures less frequent [ ] seizures less severe [ ] seizures got worse [ ]
other improvements: __________

17. Did you take the tablets regularly? everyday [ ] some days yes, some not [ ] stopped ___ days ago; ___ months ago

18. Why did you stop taking the tablets? run out and: did not care for new [ ] no more available [ ] too expensive [ ] did not help [ ] bad effects (describe!) [ ]
other reason: __________
19. After stopping the treatment, was there any change? 
   lasting absence of seizures [ ]  
   seizures came back as before [ ]  
   seizures came back, but less [ ]  
   seizures came back and are worse [ ]  
   seizures with and without treatment [ ]

20. What do you think, is the cause of the seizures?

**GENERAL HISTORY**

21. Besides the seizures, is there now another disease or complaint, you suffer from? no [ ]
   spontaneous: [ ]
   fever [ ]  diffic. breathing [ ]
   vomiting [ ]  on exertion [ ]
   skin rash [ ]
   in head [ ]  skin swelling [ ]
   in back [ ]  itching [ ]
   in arm/leg [ ]  burns [ ]
   diarrhea [ ]
   accidents [ ]
   weakness [ ]
   poor appetite/feeding [ ]
   weight loss [ ]  sleep disorder [ ]
   coughing [ ]

22. Has there been an important disease or complaint in the past? no, was always fine and healthy [ ]
   yes, describe nature, time of onset and duration [ ]
   accident [ ]
   period with fever and loss of reaction [ ]

23. Has the patient got any treatment for a disease other than seizures in the last time? No [ ]
   Ivermectine [ ], ______days ago, ______wk ago, ______mt ago
   Di-Ethyl-Carpamazine(DEC) [ ], ______days ago, ______wk ago, ______mt ago
   Other tablets: _________________________________, ______mt ago
   Other treatment: ________________________________

24. Where was the patient born? in the village [ ]
   elsewhere (describe) [ ]
   moved to the village ______ years before

25. Are the parents of the patient: from one/the same village [ ]
   from the same tribe [ ]
   do they have a grandfather/-mother in common [ ]
   not related to each other as described above [ ]

26. How was the pregnancy? no problems [ ]
   illness of mother [ ]
   medicaments ______ bleeding [ ]
   delivery ______ weeks too early

27. How was the baby at delivery and after? ______ very long delivery? hours:
   other problems/disease:
   small baby [ ]
   weak, did not cry [ ]
   poor feeding [ ]
   became yellow in first days (eyes) [ ]
OK: Was everything o.k., the baby was strong and breathing and feeding well from the start.

28. How was the development? smile:____mt sit:____mt crawl:____mt
   stand:_____mt walk:_____mt talk:_____mt

Child
in school now, class____; if not, why:__________ good pupil [ ]

working[ ], kind of job________________________ does not obey [ ]
do not like to play [ ] wants to stay alone [ ]
has friends of his age [ ] can cope with children of his age [ ]
age- adequate speech [ ]

Adult
went to school for years ____; if not, why:__________ is working [ ]

kind of work:____________ unemployed [ ] unable to work [ ]
has to be cared for [ ] adequate speech [ ] married [ ]
owns a house [ ] owns a piece of land [ ]

29. Is there another family member who has seizures? No [ ]
   mother [ ] father [ ]
sister [ ] brother [ ]
aunt [ ] uncle [ ]
grandmother [ ] grandfather [ ]

Physical examination[ ]; EEG[ ]; Blood sample[ ]; Skin snip[ ]; Video[ ]

Diagnose seizure type:__________________________________________

Diagnose:_____________________________________________________

COUNSELLING / TREATMENT

From the investigations and our conversation, I think that in deed your complaints are caused by the disease of seizures (local term). [ ]
I think your complaints are not caused by the disease of seizures. [ ]

The seizures should be treated [ ]
The seizures should not be treated because:________________________

Recommendations on phenobarbital

- Take____tablet(s) of____mg every evening.
- If forgotten to take it once, wait until the next evening and do not take more than____tablet in one day. It is important to be very regular.
- The tablets work slowly and the seizures will get less after about two weeks. If the seizures then are away or less, go on to take the tablets and do not stop. If you stop, the seizures will come back as before.
- The tablets can make you somewhat more tired, but this will get less even if you go on to take them for longer time.
- Come back to see us here in 4 weeks time.
- If you do not feel better after about two weeks or if you get any new complaint, you should come to a clinic day before.

- Keep the tablets in a dry and safe place. Keep the tablets away from children. Do not take more from the tablets, they will not help for another disease. Do not give the tablets to somebody else.

______ Tablets of _______mg given to the patient.

Other treatment:
EXAMINATION FORM

Name: __________________ Sex: ___________ ID- Nr.: ___________ Oncho- ___________

Height: ___________ cm Weight: ___________ kg Head circumf.: ___________ cm Nr.: ___________

Mother's height: ___________ cm Photo/ Film Nr.: ___________

Father's height: ___________ cm

make a cross in the box with correct answer [X]: + = sign present:

☑ = no abnormal finding / sign absent

General appearance:
healthy [ ] acutely ill [ ] chronically ill [ ] waisted [ ]

SKIN clean [ ]

CHANGES: indicate

whitish [ ] elevated [ ] papular [ ]
red [ ] flat [ ] thickened [ ]
dark [ ] scars [ ] atrophic [ ]
leopard [ ] jaundice [ ] ulcerated [ ]

ITCHING [ ] EDEMA [ ] SWELLING [ ]
indicate
LYMPH NODES [ ]

ONCHOCEWCE NODULES: indicate location with X

number of nodules: ___________

Chest: Liver in MCL: ___________ cm

Spleen in organ axis: ___________ cm

Heart: Genitalia:

Pulses: Tanner Stage:

Face: Skull:

Eyes:
closure/opening:
impaired vision:
secretion:
clouding:
red reflex:
strabisme:
nystagmus:
corneal reflex:

Mouth:
whistling:
masseter (V):
mandible:
buccal mucosa:
tongue:
tonsils:
phonation:
symmetry:
gag reflex:

Ears:
impaired hearing:
aureo-palp. reflex:
tympanic membranes:

Neck:
head turning:
inclination:
lymph nodes:
thyroid:
Trunc:
  kyphosis :
  scoliosis:
  abd. wall
  reflexes
  ataxia :

Limbs:
  tonus
  weakness
  atrophy
  joints
  tendon reflexes:
  adductor reflex:
  Babinski
  finger-nose
  diadochokinesia:
  finger skills

Mind:
  cooperative
  open
  reserved
  anxious
  communication:
  speech
  intelligence

Cait:
  spontaneous :
  ataxia :
  tip :
  ankle :
  one foot stand:
    "  " hop :
  harlequine :
  Romberg :

Sensibility:

PATHOLOGICAL FINDINGS: