

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 [o], if not correct; fill with numbers or letters if appropriate

IDENTIFYING INFORMATION

d. Nr. (seizure invest.): _____ Oncho Nr.: ____ / ____
Date of Interview: ____/____/____ Place _____
Name of patient: _____
Age: ____ Gender: ____ Tribe: _____
Village (description/map): _____
Name of accompanying person: _____
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 ! []

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
 - pain skin rash
 - in head skin swelling
 - in back itching
 - in arm/leg burns
 - diarrhea accidents
 - poor appetite/feeding weakness
 - 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 !)

ID. Nr. _____

OR: 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 []
does 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.: _____

Height: _____ cm Weight: _____ kg Head circumf.: _____ cm Oncho-
Nr.: _____

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

Father's height: _____ cm

make a cross in the box with correct answer ; + = 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 []

ONCHOCERCA 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:

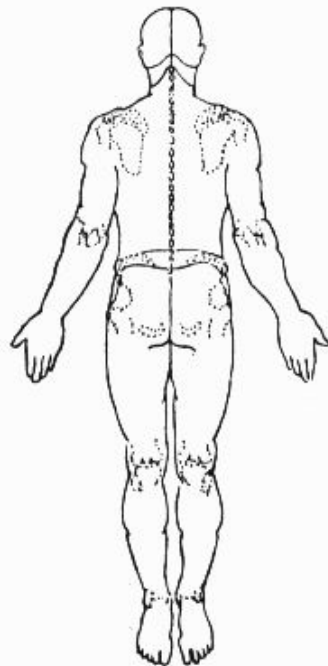
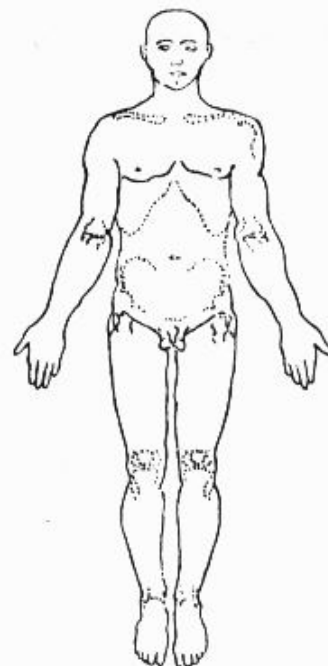
whistling :
masseter (V) :
buccal mucosa:
tongue :
tonsils :
phonation :
symmetry :
gag reflex :

Ears:

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

Neck:

head turning:
inclination :
lymph nodes :
thyroid :



Trunc:

kyphosis :
skoliosis :
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 :

Gait:

spontaneous :
ataxia :
tip :
anle :
one foot stand :
" " hop :
harlequine :
Romberg :

Sensibility:

PATHOLOGICAL FINDINGS: