

1 **SUPPLEMENTARY ANNEX**

2

3 **5 QUESTIONS TARGETED FOR THEW SCREENING OF EPILEPSY CASES**

4 *If at least one of the 5 questions is answered with YES, the person will be invited to participate in*
5 *the neurological examination for case verification.*

6

7 **QUESTION 1**

8 Have you ever lost consciousness and experienced:

9 a) Loss of bladder control? YES NO DON'T KNOW

10 b) Foam at the mouth? YES NO DON'T KNOW

11

12 **QUESTION 2**

13 Have you ever experienced absence(s) or sudden loss(es) of contact with the surroundings, for a
14 short duration of time? YES NO DON'T KNOW

15

16 **QUESTION 3**

17 Have you ever experienced sudden, uncontrollable twitching or shaking of your arms, legs or
18 head, for a period of a few minutes? YES NO DON'T KNOW

19

20 **QUESTION 4**

21 Do you sometimes experience sudden and brief bodily sensations, see or hear things that are not
22 there, or smell strange odours? YES NO DON'T KNOW

23

24 **QUESTION 5**

25 Have you ever been told that you are suffering from epilepsy or that you have already had
26 epileptic fits? YES NO DON'T KNOW