ÉFÉ CAB

Improving pig management to prevent epilepsy in Burkina Faso

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

CHIEF OF HOUSEHOLD QUESTIONNAIRE

Vil	lage						
Со	ncession						
Но	usehold number						
Las	st Name		First Name				
	How long have you lived in t						
2.	How many people live in you	ır concession?	(nb of people)				
3.	Where does your family usually get its drinking water?						
	☐ Tap water	□ Open well	☐ Bore-hole well				
	☐ Traditional well	□ Drilled well	☐ Spring				
	☐ River / pool	\square Other (specify)					
4.	Is the household's drinking						
	☐ Always	☐ Almost always	lmost always				
	☐ Sometimes	□ Never					
5.	What type of toilet does your household have?						
	☐ Flushable toilet	☐ Tra	ditional latrine with a hole				
	☐ Improved and ventilated	latrine \square No	☐ No toilet / bushes / field				
	☐ Other (specify)						
6.	Does your household own [check all that applies]?						
	□ Electricity □	A radio	elevision				
	☐ A land line phone ☐	A mobile phone	☐ A refrigerator				
7.	What kind of fuel does your household use for cooking [check all that applies]?						
	☐ Electricity	☐ Bottle / natural ga	s 🗆 Biogas				
	☐ Kerosene / oil	☐ Coal	☐ Wood / straw				
	☐ Manure / cattle manure	☐ Other (specify)					

8.	Does any member of your household own [check all that applies]?						
	☐ A bicycle		☐ A motorcycle or a moped				
	☐ A car or a truck		☐ A tractor				
	☐ A plough		☐ A cart				
9.	Does your household own livestock [check all that applies]?						
	9.1 Cattle		□ No □ Yes (specify how many)				
	9.2 Sheep		□ No □ Yes (specify how many)				
	9.3 Goats		□ No □ Yes (specify how many)				
	9.4 Donkeys		□ No □ Yes (specify how many)				
	9.5 Pigs		□ No □ Yes (specify how many)				
	9.6 Poultry	☐ No ☐ Yes (specify how many)					
	For each member of the family, please tell me their name, how they are related to you, how old they are, whether they are male or female, and whether they have ever had an epileptic seizure. Let's begin with the oldest:						
	Name	Relationship	Age	Sex	History of Epilepsy	History of severe	
		to you	(years)	(M or F)	or Seizures (Y or N)	headaches (Y or N)	
		1	1	ı	1	1	