ÉFÉ CAB

Improving pig management to prevent epilepsy in Burkina Faso

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

FOLLOW-UP SCREENING QUESTIONNAIRE

Last name :		First name :		
Questionnaire numb	oer			
ID number _	_ _ _ _	_ _ _		
Village				
Concession				
Household number _				
 Have you change 	ed employment in th	e past 12 month	s? □ Yes	☐ No [<i>Go to Q2</i>]
1.1 What is your nev	v occupation? [house	ewife is an occup	pation]	
☐ Farmer	☐ Small bu	usiness	☐ Handicra	ft
☐ Salaried (spec	ify)		e	
☐ Other (specify	/)			
1.1.1 What is you	ur new monthly sala	ry?	C	FA
2. How many days o	f work have you mis	sed because of il	Iness in the pa	st month? days
2.1 If you do not	have an official emp	oloyment, how m	nany days have	you been unable to
attend to your d	aily chores or missed	d school in the pa	ast month?	days
2.2 What illness	was it?			
3. How many days o	f work have you mis	sed because of il	Iness in the pa	st year (past 12
months)?	_ days			
3.1 If you do not	have an official emp	oloyment, how m	nany days have	you been unable to
attend to your d	aily chores in the pa	st year (past 12 r	months)?	_ days
3.2 What illness	was it?			
4. Have you eaten po	ork meat in the past	12 months?	☐ Yes ☐ N	o [Skip to Q7]
4.1 How many tir	mes have you eaten	pork meat in the	past 12 mont	hs?
□1 Daily (every	day) □2	One to six times	s per week	
□3 Less than on	ce per week but mo	re than once per	month	

\square 4 Less than once per month	
\Box 5 I do not know, I do not remem	nber
4.2 During the past 12 months, did	d you eat pork meat cooked the following way? [Coche
toutes les réponses qui s'appliquent]	
□1 Raw pork meat	□2 Rare pork meat
□3 Medium cooked pork meat □	□4 Well done pork meat
□5 Cannot remember, do not kno	ow
4.3 Where did you eat pork meat	in the past 12 months [Check all that applies]
☐ At home ☐	☐ At another concession in the village
☐ At the village's market ☐	☐ At another village's market
☐ Other (specify)	
☐ Cannot remember, do not know	w
5. Did you use the latrine in the past 1	12 months?
□1 Yes [□2 No [<i>Skip to Q8</i>]
5.1 How often did you use a toilet	when you had to defecate in the past 12 months?
□1 Always □2 Som	netimes
6. Do you keep pigs now?	
☐ Yes ☐ No	
7. Have you ever seen or heard of wh	nite nodules (rice) in pig carcasses?
□1 Yes	☐2 No [<i>Skip to Q 8</i>]
7.1 Where can you find nodules o	on a live pig?
\Box 1 It is not possible to find the	em on a live pig
☐2 Under the skin	☐3 Under the tongue
□4 I don't know	☐5 Somewhere else [Specify]
7.2 How do pigs get these nodule	s?
☐1 By eating human faeces	☐2 By eating pig faeces
☐3 From another infected pig	☐4 Other [<i>Specify</i>]
□5 I don't know	
7.3 How did you hear about those	nodules in pigs?
☐1 By a meat inspector	□2 By a pig trader
☐3 BY a traditional healer	\Box 4 At the radio / in the newspaper

	□5 By a friend	□6 By ÉFÉCAB		
	☐6 Other (spécify)			
8	8 Have you ever heard of tapeworm infection in humans?			
	□1 Yes	□2 No [<i>Skip to Q 9</i>]		
	8.1 How did you learn about it?			
	☐ By a doctor	☐ By a friend or family member		
	☐ By a traditional healer	\square On the radio / newspaper		
	☐ By ÉFÉCAB			
	☐ Other [Specify]			
	8.2 How does a person know if they ha	ave a tapeworm?		
	☐1 They can see it in their faeces	☐2 They have diarrhea		
	☐3 They have fever	□4 Other [<i>Specify</i>]		
	□5 I don't know			
	8.3 Have you had a tapeworm or seen	small parts (segments) of worms that look like rice		
	grains in your faeces during the past 12	2 months? (Show photographs of proglottids)		
	□1 Yes □2 N	Io [Skip to Q 8.4]		
	□3 I don't know/can not remembe	er [Skip to Q 8.4]		
8.3.1 When that happened, what did you do? [check all that applies]				
	☐1 Went to a primary heal	th care provider (hospital, clinic, dispensary)		
	\Box 2 Went to the pharmacy	to get a drug to treat it		
	☐3 Went to a traditional he	ealer		
	□5 I can not remember, I d	o not know		
	8.4 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 infe	ected person		
	□5 I don't know			
9	Have you ever had bad headaches that of	did not go away and that got worse over time?		
	☐ Yes, currently has	\square Yes in the past year, but not currently		
	☐ Yes, one year or more ago, but not o	currently No [Skip to Q10]		
	☐ Cannot remember, do not know [Sk	ip to Q10]		

	9.1 Were these headaches bad enough to keep you from doing your daily chores, work or				
	going to school?				
	☐ Yes	□ No	☐ Can not remember, do not know		
[<i>If</i>	any 'yes' to ques	tion 9 and 'yes	or 'can't remember/don't know' to question 9.1 – NOTE		
<i>0</i> ۸	I PDA that this per	rson should be	examined by the field doctor]		
	9.2 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		
	9.3 When you have	ve headaches,	do you suffer from nausea or vomiting?		
	☐ Yes	□ No	☐ Cannot remember, do not know		
10. In the past 12 months, have you had any of the following?					
	10.1 Sudden loss	of consciousne	ess and episodes of incontinence or foaming of the mouth		
	or tongue biting?				
	☐ Yes, I have the	m now	\square Yes, in the past 12 months but not now		
	□ No [Skip to Q1	0.2]	☐ Can not remember, do not know [Skip to Q10.2]		
[<i>If</i>	options 1,2, or 3	- NOTE ON THE	PDA that this person must be examined by the team		
do	ctor]				
	10.1.1 (If yes)	How often has	s this happened?		
	□1 Only o	once	☐2 More than once		
	10.2 A brief perio	d of absence(s) or loss(es) of contact with the surroundings that starts		
	suddenly?				
	☐ Yes, I have	them now	\square Yes, in the past 12 months but not now		
	□ No [<i>Skip to</i>	Q10.3]	☐ Can not remember, do not know [Skip to Q10.3]		
[<i>If</i>	options 1,2, or 3	- NOTE ON THE	PDA that this person must be examined by the team		
do	ctor]				
	10.2.1 How of	ften has this ha	appened?		
	☐1 Only once	.	☐2 More than once		
	10.3 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?				
	☐ Yes, I have	them now	\square Yes, in the past 12 months but not now		
	□ No [<i>Skip to</i>	Q10.4]	☐ Can not remember, do not know [Skip to Q10.4]		

doctor]				
10.3.1 How often has this h	appened?			
☐1 Only once	☐2 More than once			
10.4 Sudden onset of a brief pe	riod of hearing or smelling or seeing things that are not			
there or feeling strange body se	ensations?			
☐ Yes, I have them now	\square Yes, in the past 12 months but not now			
☐ No [<i>Skip to Q10.5</i>]	☐ Can not remember, do not know [Skip to Q10.5]			
[If options 1,2, or 3 NOTE ON TH	E PDA that this person must be examined by the team			
doctor]				
10.4.1 How often has this h	appened?			
☐1 Only once	☐2 More than once			
10.5 Were you told that you ha	d epilepsy or that you had had an epileptic seizure?			
□ Yes □ No	o [<i>Skip to Q 12.3</i>]			
[If options 1,2, or 3 NOTE ON TH	E PDA that this person must be examined by the team			
doctor]				
10.6 Have you ever had seizure	es or fits?			
☐ Yes, I have them now	\square Yes, in the past 12 months but not now			
□ No [end of interview]				
☐ Can not remember, do not know [end of interview]				
[If options 1,2, or 3 NOTE ON TH	E PDA that this person must be examined by the team			
doctor]				
10.6.1 How often has this h	appened?			
□1 Only once	☐2 More than once			
THIS	IS THE END OF THE INTERVIEW			
THANK YOU VERY MUCH FOR YOUR COOPERATION				
INTERVIEWER:	DATE OF INTERVIEW			

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