

## **Additional file 1: Household-level questionnaire**

### **Prevalence of epilepsy in the onchocerciasis endemic middle belt of Ghana after 27 years of Mass Drug**

#### **Administration with ivermectin**

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## Household level Questionnaire

*NOTE: This questionnaire will be administered in a digitalized form using the Kobo-collect software on a tablet computer that will be used as a data collection tool during this survey. Within each household, all participants will be asked all the questions in sections 1.2 to 1.3 during one single interview sequence.*

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FULL NAME OF INTERVIEWER: \_\_\_\_\_

DISTRICT \_\_\_\_\_

VILLAGE: \_\_\_\_\_

### 1.1.1 HOUSEHOLD CHARACTERISTICS

UNIQUE HOUSEHOLD CODE:

XX/XX / XX/XXXX (First 2 letters of: State/County/Payam/Village, followed by number (e.g.0001))

GPS coordinates of household:

LATITUDE \_\_\_\_ . \_\_\_\_ . \_\_\_\_ LONGITUDE \_\_\_\_ . \_\_\_\_ . \_\_\_\_ ALTITUDE \_\_\_\_ . \_\_\_\_ . \_\_\_\_

Full name of household head: \_\_\_\_\_

Mobile phone number of household head: \_\_\_\_\_

Ethnic group of household head: \_\_\_\_\_

Duration the family lives in the village \_\_\_\_\_

Total number of people in the household: \_\_\_\_\_

Livelihood generating activities of the family:

☐ Farmer ☐ Livestock breeder ☐ Fisherman ☐ Civil service  
☐ Business/trader ☐ Craftsman ☐ Other, specify: \_\_\_\_\_

Does the family keep pigs ☐ YES ☐ NO

Has there been a family member that died from any form of epilepsy? ☐ YES ☐ NO ☐ DON'T KNOW

IF YES: When (year) \_\_\_\_\_ At what age: \_\_\_\_\_ years

IF MORE THAN ONE: When (year) \_\_\_\_\_ At what age: \_\_\_\_\_ years

### 1.1.2 INDIVIDUAL INTERVIEW WITH EACH HOUSEHOLD MEMBER

Personal ID: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Age: \_\_\_\_\_ years  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Sex: ☐ Male ☐ Female  
  
Is the person present during the interview visit? ☐ YES ☐ NO  
Who is answering to the questions? ☐ Self ☐ Mother ☐ Household head  
☐ Other, specify \_\_\_\_\_

### 1.1.3 SCREENING FOR EPILEPSY

*If at least one of the 5 questions is answered with YES, the electronic questionnaire will automatically report the person for invitation to participate in the neurological survey for case verification.*

#### QUESTION A.

Is the participant / are you suffering from nodding syndrome?

☐ YES ☐ NO ☐ DON'T KNOW

#### QUESTION B.

Is the participant / are you suffering from epilepsy?

☐ YES ☐ NO ☐ DON'T KNOW

#### QUESTION C.

Is the person known to suffer from both nodding syndrome and epilepsy?

☐ YES ☐ NO ☐ DON'T KNOW

#### QUESTION 1.

Have you ever suddenly fallen to the ground and experienced:

a) Loss of consciousness ☐ YES ☐ NO ☐ DON'T KNOW

b) Loss of bladder control? ☐ YES ☐ NO ☐ DON'T KNOW

c) Foam at the mouth? ☐ YES ☐ NO ☐ DON'T KNOW

#### QUESTION 2.

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

**QUESTION 3.**

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

**QUESTION 4.**

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

**QUESTION 5.**

Have you ever been told that you are suffering from epilepsy or have you already experienced **at least one episode of seizures**? ☐YES ☐NO ☐DON'T KNOW

**1.1.4 IVERMECTIN USE**

How many years did you took ivermectin? Times: \_\_\_\_\_

Did you take ivermectin during the last distribution? ☐YES ☐NO ☐DON'T KNOW

If YES, when? Year (s)\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_