

<b>Annex 1: health questionnaire</b>				
<b>Study participant's number:</b> .....				
<b>Section 1: socio-demographic characteristics</b>				
Age (years)?	Year of birth?	Highest level of education attained?	Clan?	Address?
Sex (M/F)	Current Occupation?	Tribe?	Nearest health center?	Religion?
<b>Section 2: Nutritional status</b>				
Height (cm)	Weight (kg)	BMI (Kg/M <sup>2</sup> )	Head circumference (cm)	
MUAC (cm)	Presence of pedal oedema [Yes/No]	Waist Circumference (cm)		
<b>Section 3: symptoms. Does the patient have the following symptoms?</b>				
(i) What triggers the attacks of nodding? (Circle the one which fits)?		Cold weather	Spontaneous	Sight of food
(ii) Verification of the head nodding syndrome		(a) It was observed head nodding attacks		
		(b) The head nodding was reported but not observed		
(iii) What is the number of head nodding attacks since the onset?				
(a) One attack	(b) Two or more attacks	(c) More than 10 attacks	(d) More than 30 attacks	
(e) More than 50 Attacks	(f) More than 100 attacks			
(v) What is the commonest hour when head nodding occurs in a day?				
(a) Morning (When the sun is rising)		(b) Lunchtime (When the sun is directly overhead)		
(c) Afternoon (When the sun is facing east)		(d) Evening (When the sun is setting)		
(e) Night (When it is dark)		(f) Any other time (specify)?		
(V) Does the person have the following symptoms? Yes/No Date of onset (month and/year)				
(a) Head nodding (HN)?	(b) Epileptic fits?	(c) Symptoms associated with head nodding	(d) Fixed gaze/staring?	
(e) Uncoordinated limb movements?	(g) Confusion?	(k) Generalized tonic-clonic seizures?	(h) Disorientation?	
(f) Drooling saliva (open mouth)?	(p) Confusion after fits/nodding?	(l) Urinary sphincter incontinence?	(m) Stool incontinence?	
(j) Localized tonic-clonic seizures?	(s) Rhythmic jerking?	(q) Aggressive behavior after fits/nodding?	(r) Foaming in the mouth?	
(n) Tongue biting?	(o) Sleeping after fits/nodding?	(i) Episodes of loss of consciousness?		
(vi) Other general symptoms/signs? Yes/No Date of onset (month and/year)				
(a) Skin changes associated with malnutrition		(b) Skin nodules associated with <i>Onchocerca Volvulus</i>		
(c) Hair changes associated with malnutrition		(d) Pallor		
(f) Recent injuries, burns and scars		(e) Jaundice		
<b>Section 4: other medical and family history</b>				
(i) Did the mother suffer from any of the following illnesses during pregnancy for the NS affected child?				
(a) Measles		(c) Severe illness requiring hospitalization		(d) Other illnesses (specify): .....
(b) Genital Ulcer Disease				
(ii) Was the pregnancy for the affected child carried to term? Yes/No				
If No, state gestation age and reason for premature delivery?				
(iii) The mode of delivery of the affected child?				
(a) Spontaneous Vaginal Delivery (SVD)		(b) Assisted Vaginal Delivery		(c) Caesarean Section (C/S)
(iv) Was the child breastfed during infancy? Yes/No				
(v) If the child was breast fed at Infancy;				
(a) What was the duration for exclusive breastfeeding?		(b) At what age were supplementary feeds initiated?		(c) List the supplementary foods used?
(d) What was the weaning age?		(e) At what age was breastfeeding stopped?		
<b>Section 6: History of other illnesses</b>				
(i) Type of illnesses suffered by the NS child.				
(a) Severe malaria (cerebral malaria with /fits/loss of consciousness)?		(b) Meningitis?		(c) Measles (admitted for it)?
(d) Head trauma?		(e) Others (specify)		
(ii) Is there a family history of epilepsy? Yes/No				
If yes, specify who were these? (Tick all that apply)				
(a) Siblings (brothers/sisters); Number of affected siblings?		(b) Father		(c) Mother
(d) Maternal grandparent(s)		(e) Paternal grandparent(s)		(f) Niece
				(g) Nephew
(iii) Are there other cases of Nodding Syndrome in this family? Yes/No				
If yes, specify who are these? (Tick all that apply)				
(a) Siblings (brothers/sisters); Number of affected siblings?		(b) Father		(c) Mother
(e) Paternal grandparent(s)		(d) Maternal grandparent(s)		
<b>Section 7: Treatment History after the onset of the disease symptoms</b>				
(i) Has any treatment been received for Nodding Syndrome or epilepsy? Yes/No				
If yes, name which treatment was received and whether there was improvement on that treatment?				
(ii) Do you use modern medicine for its treatment? Yes/No		If yes, specify the drugs used (review medical records if available)		
(iii) Has the patient improved with the medication? Yes/No		(iv) Have you been using herbal medicine for the treatment of this patient?		
If yes, specify the herbal medicine being used? Yes/No		(v) Has the patient improved with herbal medication? Yes/No		