

Zone No.	Ward No.	PHC No.	Cluster No.	Household ID No.	Subject No.

Enrollment Visit Questionnaire 5

Adverse Event Profile questionnaire

Adverse Event	Always or often	Sometimes	Rarely	Never
Unsteadiness				
Tiredness				
Restlessness				
Feelings of aggression				
Nervousness or agitation				
Headache				
Hair loss				
Problems with skin				
Double or blurred vision				
Upset stomach				
Difficulty in concentrating				
Trouble with mouth or gums				
Shaky hands				
Weight gain				
Dizziness				
Sleepiness				
Depression				
Memory problems				
Disturbed sleep				