

Annexure II

Screening Questionnaire

1. Have you ever had attacks of shaking of the arms or legs, which you could not control?
2. Have you ever had attacks in which you fall and become pale?

Both question 1 and 2 must be affirmative to render the subject positive.

3. Have you ever lost consciousness?
4. Have you ever had attacks in which you fall with loss of consciousness?
5. Have you ever had attacks in which you fall and bite your tongue?
6. Have you ever had attacks in which you fall and lose control of your bladder?
7. Have you ever had brief attacks of shaking or trembling in one arm or leg or in the face?
8. Have you ever had attacks in which you lose contact with the surroundings and experience abnormal smells?
9. Have you ever been told that you have or had epilepsy or epileptic fits?

Any question 3 to 9 if affirmative renders the subject positive.