WEB APPENDIX I INCLEN DIAGNOSTIC TOOL FOR EPILEPSY (INDT-EPI) FOR PRIMARY CARE PHYSICIANS

PERSONAL INFORMATION OF THE CHILD
1. Name of the child: [ ]
2. Age (in completed months): [ ]
3. Sex:  (Male -1, Female - 2) [ ]
4. Complete address of the child: [ ]
5. Informant:  1 = Mother, 2 = Father, 3 = Guardian, 4 = Relative: [ ]
   1. Has your child ever had fits / daurae / mirgee / chamki? [ ]
      0: No  1: Yes
   2. Did your child ever have episodes of loss of consciousness associated with any of the following-
      0: No  1: Yes
      - Up rolling of eyes
      - Deviation of eyes to one side
      - Tongue bite
      - Frothing from mouth
      - Passing urine / stool in clothes
      - Shaking of limbs
      - Limbs becoming stiff
      • If response to question 2 is “1”, proceed to complete questions 3-9
      • If response to question 2 is “0”, proceed to complete 10 and 11 (skip questions 3-9)
   3. How many such episodes has the child had? [ ]
      0: One  1: More than one
   4. What was the duration between first and last episode / seizure? [ ]
      0: Less than 24 hours
      1: More than 24 hours
      9: Not Applicable
   5. Did your child have these episodes always accompanied by fever? [ ]
      (Ask only if the seizure occurred when the child was 6 months - 6 years of age)
      0: No  1: Yes  9: Not Applicable
   6. Did your child have these episodes only during brain infection (meningitis or encephalitis during active CNS infection/
      during hospitalization) / head trauma (within 7 days) / or other infections (diarrhea / pneumonia) or any other cause as
      told to you by your doctor? [ ]
      0: No  1: Yes (If answer is yes and parents know the cause mention here verbatim ____________ )
   7. Did your child have these episodes only during the 1st month of life? [ ]
      0: No  1: Yes
   8. Did your child have all these episodes associated with change in color or loss of consciousness in the settings of anger,
      pain, frustration and prolonged crying? [ ]
      0: No  1: Yes
   9. Did your child have all these episodes after prolonged standing? [ ]
      0: No  1: Yes
   10. Does your child has had frequent episodes of “going blank” or lose awareness of his/her surroundings? [ ]
      0: No  1: Yes
   11. Did your child ever have ANY of the following? [ ]
       • Sudden and unexplained episodes of falling to the ground
       • Sudden head drop · Sudden jerking movement with bending of body
      0: No  1: Yes
12. **Diagnosis Anti Epileptic drug intake (0: No 1: Yes)**

- 0: No Epilepsy
- 1: Epilepsy
- 2: Single seizure
- 9: Indeterminate

13. **Final Diagnoses**

- 0: No Epilepsy
- 1: Epilepsy
- 9: Indeterminate

**Epilepsy**
- Response to *ALL* questions 2, 3 and 4 is “1” *AND* response to *ALL* of the questions 5-9 is “0” *AND/OR*
- Response to *one of the questions* 10 or 11 is 1

**No Epilepsy**
- Responses to *ALL* questions 2, 10 and 11 is “0”
  - OR
- Response to questions 1 OR 2 is “1” *AND ANY of 5-9 is “1” and not on Anti Epileptic Drug
  - OR
- Response to question 1 is 1 and 2 is 0 And 10,11 are also 0
- If 1s 1 and 2 is 0 and 10 & 11 are 0 – No Epilepsy

**Single Seizure**
- Response to question 2 is “1” *AND question 3 is “0” OR 3 is 1 with 4 is 0 *AND response to all of the question 5-9 is “0”*
  - To be rechecked with presence of other associated NDD from summary Assessment record and regrouped for final diagnosis in point 13
  - If any associated NDD classify as Epilepsy
  - If no associated NDD check for Anti epileptic drug intake: If anti epileptic drug being used classified as indeterminate and if no anti epileptic drug being used classify as no epilepsy

**Indeterminate**
- Response to questions 1 OR 2 is “1” *AND ANY of 5-9 is “1” and child is on Anti Epileptic Drug he is indeterminate
- In case of single seizures as detailed above