

WEB APPENDIX I INCLIN 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 1 is 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