DATA COLLECTION QUESTIONNAIRE

University of Dongola — Faculty of Medicine — Department of Community Medicine

Association between Perinatal Factors and Simple Febrile Seizures among Children Aged 6–60 Months at Dongola Hospitals, 2026

Instructions: Complete one questionnaire for each eligible child after obtaining written informed consent from the parent/legal guardian. Tick one answer unless the question states otherwise. Do not write the child's name; use the study code. Verify information from available antenatal, delivery, or neonatal records where possible.

- Study code: _____
- Date: __ / __ / 2026
- Hospital: _____
- Interviewer code: _____
- Consent obtained? ☐ Yes ☐ No (if No, stop)

Section A. Eligibility and Study Group

- **A1.** Child's age: ____ months (must be 6–60 months).
- **A2.** Fever documented at or immediately before presentation (≥38°C)? ☐ Yes ☐ No
- **A3.** Study group: ☐ Case — simple febrile seizure ☐ Comparison — fever without seizure
- **A4.** For a case, was the seizure generalized, lasted less than 15 minutes, and occurred only once in 24 hours? ☐ Yes ☐ No ☐ Not applicable
- **A5.** Evidence of CNS infection, severe electrolyte/metabolic disturbance, known epilepsy, or pre-existing neurological/developmental disorder? ☐ No ☐ Yes (specify): _____ ☐ Not assessed
- **A6.** Parent/guardian able and willing to provide consent and relevant history? ☐ Yes ☐ No

Eligibility decision: ☐ Eligible ☐ Not eligible (reason): _____

Section B. Socio-demographic Characteristics

- **B1.** Child's age in completed months: ____
- **B2.** Sex: ☐ Male ☐ Female
- **B3.** Residence: ☐ Urban ☐ Rural ☐ Other: _____
- **B4.** Current caregiver/respondent: ☐ Mother ☐ Father ☐ Other guardian/relative: _____
- **B5.** Respondent's age: ____ years
- **B6.** Respondent's education: ☐ No formal education ☐ Primary ☐ Secondary ☐ University or above ☐ Other: _____

Section C. Antenatal / Maternal History

- **C1.** Was antenatal care (ANC) received during this pregnancy? ☐ Yes ☐ No ☐ Unknown
- **C2.** Number of ANC visits, if known: ____ ☐ Unknown
- **C3.** Maternal illness during pregnancy? ☐ No ☐ Yes ☐ Unknown. If Yes, specify (e.g., fever/infection, hypertension, diabetes, other): _____
- **C4.** Multiple pregnancy (twins or more)? ☐ No ☐ Yes ☐ Unknown
- **C5.** Any other pregnancy complication reported/documented? ☐ No ☐ Yes ☐ Unknown. Specify: _____

Section D. Delivery and Perinatal History

- **D1.** Place of delivery: ☐ Hospital/health facility ☐ Home ☐ Other: _____ ☐ Unknown
- **D2.** Mode of delivery: ☐ Spontaneous vaginal ☐ Assisted vaginal (vacuum/forceps) ☐ Caesarean section ☐ Unknown
- **D3.** Gestational age at birth: ____ weeks ☐ Unknown. If recorded: ☐ Preterm (<37 weeks) ☐ Term (37–41 weeks) ☐ Post-term (≥42 weeks)
- **D4.** Birth weight: ____ g ☐ Unknown. Category: ☐ Low (<2500 g) ☐ Normal (2500–3999 g) ☐ High (≥4000 g)
- **D5.** Was birth asphyxia / difficulty breathing at birth reported or documented? ☐ No ☐ Yes ☐ Unknown
- **D6.** Apgar score, if available: 1 minute ____ /10; 5 minutes ____ /10 ☐ Not recorded/unknown
- **D7.** Neonatal jaundice? ☐ No ☐ Yes, no treatment ☐ Yes, treated ☐ Unknown
- **D8.** Admission to neonatal intensive care unit (NICU) or special-care nursery? ☐ No ☐ Yes ☐ Unknown. If Yes, duration: ____ days ☐ Unknown
- **D9.** Other neonatal complications or admission during the first 28 days? ☐ No ☐ Yes ☐ Unknown. Specify: _____

Section E. Postnatal and Feeding History

- **E1.** Was the child breastfed? ☐ Yes ☐ No ☐ Unknown
- **E2.** Duration of exclusive breastfeeding: ____ months ☐ Never exclusively breastfed ☐ Unknown
- **E3.** Age when other liquids/foods were introduced: ____ months ☐ Unknown
- **E4.** Main feeding pattern during first 6 months, if known: ☐ Exclusive breastfeeding ☐ Mixed feeding ☐ Formula/other feeding ☐ Unknown

Section F. Family History

- **F1.** Family history of febrile seizures in a first-degree relative (parent/sibling)? ☐ No ☐ Yes ☐ Unknown
- **F2.** Family history of epilepsy in a first-degree relative (parent/sibling)? ☐ No ☐ Yes ☐ Unknown
- **F3.** If Yes to F1 or F2, relationship and details: _____

Section G. Fever and Seizure Characteristics

Complete this section for children in the case group. For comparison children, mark "Not applicable".

- **G1.** Age at first simple febrile seizure: ____ months ☐ Not applicable ☐ Unknown
- **G2.** Temperature at presentation, if recorded: ____ °C ☐ Not recorded
- **G3.** How was the fever first noticed? ☐ Measured temperature ☐ Felt hot by caregiver ☐ Other: _____ ☐ Unknown
- **G4.** Duration of fever before seizure: ____ hours ☐ Unknown ☐ Not applicable
- **G5.** Seizure duration: ____ minutes ☐ Unknown ☐ Not applicable
- **G6.** Seizure type: ☐ Generalized ☐ Other/uncertain (specify): _____ ☐ Not applicable
- **G7.** Any further seizure within the same 24-hour period? ☐ No ☐ Yes ☐ Unknown ☐ Not applicable
- **G8.** Suspected/diagnosed source of fever, according to clinical record: ☐ Respiratory infection ☐ Gastrointestinal infection ☐ Ear/throat infection ☐ Urinary infection ☐ Other: _____ ☐ Unknown

Section H. Record Review and Data Quality

- **H1.** Information source (tick all that apply): ☐ Parent/guardian recall ☐ Antenatal card ☐ Delivery record ☐ Neonatal/NICU record ☐ Child health card ☐ Other: _____

- **H2.** Were perinatal details cross-checked against records? ☐ All/most ☐ Some ☐ None ☐ Records unavailable
- **H3.** Missing or uncertain information (question numbers and reason): _____
- **H4.** Interview completed? ☐ Yes ☐ No. If no, reason: _____

Interviewer signature/code: _____ Date: __ / __ / 2026

End of questionnaire — thank you for your participation.