

<u>Item Number</u>		<u>Yes</u>	<u>No</u>	<u>Onset</u>	<u>Duration</u>
86	Drunk-like - Difficulty walking	1	2	—	—
87	Disoriented	1	2	—	—
88	Convulsions	1	2	—	—
89	Drowsiness	1	2	—	—
90	Insomnia - difficulty sleeping	1	2	—	—
91	Other (specify) _____	1	2	—	—

40. Did you receive any help or medical treatment?

Yes ..... 1  
 No ..... 2  
 Not Applicable .. 9] (go to Question 44)

41. How many days after the attack was it before you received medical treatment?

\_\_\_\_\_ days

42. Where did you receive medical treatment?

Place: \_\_\_\_\_

43. What treatment did you receive? (record both "western" and "indigenous" treatments.)

Treatment: \_\_\_\_\_  
 \_\_\_\_\_

44. Are you still suffering from the effects of this attack?

Yes ..... 1  
 No ..... 2  
 Not Applicable ..... 9