Developmental Disorders

Collection date for developmental disorder information:	(DD-MM-YYYY)
DEVELOPMENTAL DISORDERS	
Has the participant ever been diagnosed with Fetal alcohol syndrome?	○ Yes ○ No
(If Yes) At what age?	
	(Provide age in years.)
Has the participant ever been diagnosed with a developmental genetic disorder?	YesNo
(If Yes) At what age?	
	(Provide age in years.)
(If Yes) Specify developmental genetic disorder:	Down SyndromeFragile XOther
(If Other) Specify other genetic disorder:	
Has the participant ever been diagnosed with an Autism spectrum disorder?	○ Yes ○ No
(If Yes) At what age?	
	(Provide age in years.)
Has the participant ever been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)?	○ Yes ○ No
(If Yes) At what age?	
	(Provide age in years.)
Has the participant ever been diagnosed with a Learning disorder?	○ Yes ○ No
(If Yes) At what age?	
	(Provide age in years.)
(If Yes) Specify ALL diagnosed learning disorders:	☐ Math (Dyscalulia)☐ Reading (Dyslexia)☐ Writing (Dysgraphia)☐ Processing deficits

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Has the participant ever been diagnosed with a language/speech disorder?	Yes No
(If Yes) At what age?	
	(Provide age in years.)

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