

Collection date for participant birth history:

(DD-MM-YYYY)

PARTICIPANT BIRTH HISTORY

Did the participant's birth mother have any illnesses during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify type of illness/es during pregnancy:

- ☐ Chronic Hypertension
☐ Diabetes Mellitus Type 1
☐ Diabetes Mellitus Type 2
☐ Epilepsy
☐ Gestational Diabetes
☐ HIV/AIDS
☐ Pregnancy induced hypertension
☐ Thyroid Dysfunction
☐ Other

(If Other) Specify other type of illness/es during pregnancy:

Did the participant's birth mother receive any vaccinations during pregnancy?

- ☐ Yes
☐ No

Did the participant's birth mother take any medication during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify type/s of medication used during pregnancy:

- ☐ Anti-convulsants
☐ Anti-depressants
☐ Anti-anxiety
☐ Antibiotics
☐ Anti-hypertensives
☐ Anti-microbials
☐ Anti-retrovirals
☐ Anti-thyroids
☐ Anti-inflammatory
☐ Other

(If Other) Specify other type of medication used during pregnancy:

Did the participant's birth mother smoke cigarettes during pregnancy?

- ☐ Yes
☐ No

Did the participant's birth mother consume alcohol during pregnancy?

- ☐ Yes
☐ No

Did the participant's birth mother use illicit substances during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify substances used during pregnancy:

- ☐ Sedatives or tranquilizers
- ☐ Painkillers
- ☐ Marijuana
- ☐ Cocaine or crack
- ☐ Stimulants
- ☐ Club drugs
- ☐ Hallucinogens
- ☐ Inhalants or solvents
- ☐ Heroin
- ☐ Other

(If Other) Specify other substances used during pregnancy: _____

Was the participant's birth mother exposed to any environmental or work related toxins during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify environmental or work toxins exposed to during pregnancy:

- ☐ Arsenic
- ☐ Lead
- ☐ Mercury
- ☐ Nickel
- ☐ Oil-based paints
- ☐ Organic paint thinners
- ☐ Pesticides
- ☐ Solvents
- ☐ Other

(If Other) Specify other environmental or work toxins exposed to during pregnancy: _____

Did the participant's birth mother have medical X-Rays conducted during pregnancy?

- ☐ Yes
☐ No

Did the participants birth mother have a CT scan conducted during pregnancy?

- ☐ Yes
☐ No

Did the participant's birth mother have ultrasound scans done during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify ultrasound findings:

- ☐ Abnormalities or irregularities detected
☐ No abnormalities or irregularities detected

(If abnormalities or irregularities detected) Specify ultrasound findings: _____

Did the participant's birth mother experience any bleeding during pregnancy?

- ☐ Yes
☐ No

(If Yes) Specify the trimester during which bleeding was experienced:

- ☐ 1st trimester
☐ 2nd trimester
☐ 3rd trimester

What was the participant's gestational age at birth?

(Provide gestational age in weeks.)

Was intensive/special neonatal care required?

- ☐ Yes
☐ No

(If Yes) What number of days were spent in intensive/neonatal care?

(Number of days.)

(If Yes) What was the reason for intensive care?

- ☐ Cardiac anomalies
- ☐ Feeding difficulties
- ☐ Hypoxic Ischaemic Encephalopathy
- ☐ Neonatal sepsis
- ☐ Prematurity
- ☐ Respiratory difficulties
- ☐ Other

(If Other) Specify other reason for intensive care:

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