

## Essential Study Participant Details

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1) Date of screening visit (if applicable):

\_\_\_\_\_  
(DD-MM-YYYY)

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2) Case or control participant?

☐ Case  
☐ Control

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3) Is this a paediatric participant or an adult participant?

☐ Adult  
☐ Paediatric

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4) Study site participant recruited from:

\_\_\_\_\_

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Essential Study Participant Details - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Study Consent

Study description

Instructions for administration of consent

**PAGE ONE**

Who are we?

Name, job title, and institutional affiliation of the main researcher.

Include information about the principal investigator (If they are not the main researcher) and the rest of the research team (if they are directly in contact with the participants e.g. study clinicians). Include information about collaborators (If there are any).

Why are we doing this study?

We want to study something called "genes". These "genes" are present in all of us and are the same in all parts of our bodies. "Genes" are sometimes also called DNA, which is the name of the material they are made from. Genes are responsible for why people in families are often more like each other, and different from other families. For example, some families are generally taller or shorter than others. This kind of information is passed from both the father and the mother to their children and on to their grandchildren, from one generation to the next. Some of these genes may prevent some people from getting certain illnesses. Other genes may be one of the reasons why some people get sick or have side effects from some medicines when others do not. We are still learning how genes might contribute to different diseases, and how they work together with our lifestyle and other factors - such as our environment or what we eat - to affect our health. We want to explore whether genes may affect (specific health phenotype under study) in (specific target population if relevant).

What do we do to decide if you are eligible to be take part?

In our study, we want to learn more about [specific disease phenotype] in [target study population] so we are approaching any person who fits this description because they are the type of people who we want in our study.

How many people will take part in the study?

There will [insert number] of participants including yourself if you agree to participate in the study.

How long will the study last?

We expect the study to last for [insert time frame], but we will notify you immediately if there are any changes that impact you directly.

What will happen if you decide to take part in the study?

We will go through the participant information with you to ensure that you understand what the study is about, what is expected of you as the participant, and also, what is expected of us as the researchers. While going through this information we will be asking you some questions and at the end, you will be asked to give signed permission to participate in our study.

Participation in our study is voluntary and you have the option not to participate. Even after you have agreed to join our study, you can still change your mind and we will destroy your sample and remove you from the study. If you choose not to participate in our study or drop out later, it will NOT affect the care you are receiving at [insert health care facility].

What are the risks?

We will make sure that your health information and sample are protected and safely stored, because there is always some small risk that the special pattern of genes from your sample could be used to work out who you are and see your health information if other people were to get hold of this information. We will be very careful in making sure all this personal information is very secure so that this could not happen.

**PAGE TWO**

What happens if I get hurt taking part in this study?

This study poses minimal risk of physical harm to you as a participant. However, if you get hurt as a direct result of participating in the study, you should inform the principal investigator [full names and contact number] immediately and they will assist with the next steps.

Are there any benefits to you for being in the study?

You may not get any benefit directly from this study, but we hope that the information we get about your genes and your health may benefit others who have [specific health phenotype] and many different kinds of illnesses, in the future. You do not have to take part in this study, it is your choice if you want to take part, or not. If you do not want to take part, it will NOT affect the health care you receive at [specific health facility].

Will you receive any reward (money or food vouchers) for taking part in this study?

Participation in research is voluntary and research participants do not get paid for it. However, if you use your own money to travel from home for the specific purpose of taking part in our research we can reimburse you for that. We can also provide food or food vouchers if participating in our research requires a special diet or if you miss meals while participating in our research.

What will we ask for?

We will ask you a few simple questions about your life and where you grew up. In order to better understand your health, we will ask you for permission to look at your health records that [name of organisation/department] collects when you visit government health facilities like clinics or hospitals - such as any medical tests that have been done and any medication that you have been given at any government facility. We will also ask you to provide a swab or rinse of the inside of your mouth and we will use this to prepare a sample of your genes.

Do you agree for us to collect these body fluid samples and your health information for this study we have described about how genes might affect [specific health phenotype]?

☐ Yes ☐ No

We would like to know more about your general health.

Do you agree for us to use your health information that is collected by health care workers (nurses, doctors, pharmacists) during your visits to health care facilities?

☐ Yes ☐ No

Medical record number:

\_\_\_\_\_

**PAGE THREE**

What will happen when the study is over?

Your sample will be destroyed unless you have agreed for us to use it in future studies.

Who will see the information which is collected about you during the study?

To make sure that your privacy is protected in this study, we will make sure that your information is used for this research without your name, or your date of birth, or any other identifying information attached to it. This way, no one working on this study will know who the information or the genetic sample comes from.

How will we protect your information?

All your genes together make a special pattern in all of your body that only you have, and this is why no two people are exactly alike. Because each person has their own special pattern of genes, researchers are very careful to protect the genetic samples that are collected and the information from these samples, and these samples and information will only be used in the way you have agreed to.

To make sure that your privacy is protected in this study, we will make sure that your information is used for this research without your name, or your date of birth, or any other identifying information attached to it. We will be very careful in making sure all this personal information is very secure and we will lock away any document with your name on it so that no-one can identify you from it. We will make sure all computers used for the study are kept securely and are protected by passwords.

Will your test results be shared with you?

We will not give you any individual results from the study of the samples you give us. This is because it will probably take a long time for this project to result in specific health information that is useful to patients.

If you agree for your information to be used in other studies in the future, it is possible that some new health information might be discovered in those studies. We will ask you if you would like to know any new information that might become available about your health.

Sometimes, what we find from our research might include new information about your health.

Would you like us to contact you again if we believe we have new information that may directly affect your health?

☐ Yes ☐ No

Would you like us to contact you again if there is some kind of action or treatment that might be able to help you with the health issue?

☐ Yes ☐ No

Would you like us to contact you again if there is NO kind of action or treatment that might be able to help you with the health issue?

☐ Yes ☐ No

**PAGE FOUR**

Will the results of the research be shared with you?

At the end of the study, we will put our general findings from the study in some pamphlets and posters at the clinics where people have joined this study. There, you will be able to read how this study is contributing to our understanding of health and disease. When we describe the results of this study in this way, we will only show summary results or overall study results from the whole study, and there will be no information about the individual people who took part in the study.

Sometimes researchers combine the genetic information from everyone in the study and provide a summary of genetic data for the whole group.

Do you agree for us to use your information when providing combined information about the whole research group (x total individuals in this study)?

☐ Yes ☐ No

What will we do with your data and samples?

Your sample will be stored at [name of storage facility] until the study is over. The information from your sample will be very securely stored at [name of storage facility]. The [name of storage facility] will lock away any document with your name on it so that no-one can identify you from it. We will make sure all computers used for the study are kept securely and are protected by passwords.

Your samples will never be sold, and we will not make any money from this research. The scientific results that we find from this study will be free and openly available to all scientists to help understand how we can better treat [specific disease]. In the future, commercial products might be developed by companies using the information that comes out of this study. If this happens, you will not be able to share in any profits.

Will any of your blood, tissue or other samples be stored and used for research in the future?

Your samples will only be stored and used for future studies if you give us permission to use them this way. If you do not give permission for your samples to be used for future studies, they will be destroyed at the end of this study. It is your choice to give permission for future use and that choice will not affect your participation in the current study and will not affect the health care you are receiving at [insert name of health care facility].

Do you agree for us to use your genetic samples together with your health information for other studies in the future that want to study the effect of genes on [specific health phenotype]?

☐ Yes ☐ No

Do you agree for us to use your genetic samples together with your health information for other studies in the future to study the effect of genes on other health conditions or related biological processes?

☐ Yes ☐ No

**PAGE FIVE**

Sometimes what we find from a study like this might lead to new studies being done in the future. Can other researchers contact you in the future to invite you to take part in other research studies?

☐ Yes ☐ No

If yes, how would you like to be contacted?

- ☐ Telephone  
☐ Letter  
☐ Visit  
☐ Email

Can my samples and information be used in research outside the country?

There is an international study that is combining the results from [specify disease] studies like ours that are taking place around the world. The information from samples donated from everyone around the world will be made available to researchers in a large data storage resource in Europe called the European Genome Archive (EGA) and will be provided to other researchers who want to do more studies using the combined genetic and health information.

We will ask you if you would like your sample and health details to be included in this international study - you do not have to agree to join the international study, it is your choice.

Do you agree for us to share your DNA sample for genetic analysis together with your health information for International studies being done to better understand [specific disease]? Your genetic data and health data may be shared with other international researchers for other studies in the future

☐ Yes ☐ No

Can my samples be used in studies about population origins and ancestry?

There are researchers who are interested in studying genes to find out more about the origins and ancestry of different populations. Our genes contain information that can be used to work out where our family and our ancestors come from - our origins.

Sometimes the information from genetic studies about our ancestry may be different to what we already believe about where our family came from, or who our ancestors were, but this information can also help us understand more about human history and how people migrated around the world in the past.

We will ask you if you would like your DNA sample to be included in studies about population origins and ancestry - you do not have to agree for your sample to be used in this kind of study, it is your choice.

Do you agree for us to share your DNA sample for genetic analysis in other research studies about population origins and ancestry?

☐ Yes ☐ No

What to do if you have questions or change your mind about being in the study?

If you have any questions, you can contact [name of institutional review board (IRB)] and speak to [full names and contact number of the relevant person at the IRB]. If you change your mind and you no longer want your information or sample to be included in this study, or you have other questions you can also contact [full names and contact number of study principal investigator] with your questions, or to have your information removed from this study and to have your sample destroyed.

**PARTICIPANT AGREEMENT**

Date of consent:

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(DD-MM-YYYY)

Study ID Number:

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Participant full name:

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(Full name as on Identification Document)

Participant confirmation:

☐ I understand that signing this form electronically is the equivalent of signing a physical document

Participant signature:

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**STAFF MEMBER ADMINISTERING CONSENT**

Staff member name:

\_\_\_\_\_  
(Fullname)

Staff member signature:

\_\_\_\_\_

**CONSENT AUDIO CONFIRMATION**

Checklist for consent audio validation

- ☐ Date of consent administration
- ☐ Researcher verbally confirms identity
- ☐ Research study named
- ☐ Participant verbally confirms identity and participation in study
- ☐ Quality of audio file checked before upload

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Audio verification

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H3ABioNet & H3Africa Phenotype Standards

# Withdrawal of study consent

## WITHDRAWAL OF CONSENT

Date of withdrawal:

\_\_\_\_\_  
(DD-MM-YYYY)

Do you wish to withdraw your consent to participate in the entire study or parts of the study?

- ☐ Complete withdrawal  
☐ Partial withdrawal

Please state from which part(s) of the study you would like to withdraw your consent:

Reason(s) for withdrawing consent:

The participant is not obliged to give a reason, therefore if no reason is given type "none given"

Participant signature:

\_\_\_\_\_

## STAFF MEMBER CONDUCTING STUDY WITHDRAWAL PROCESS

Staff Member Name:

\_\_\_\_\_  
(Full name)

Staff member designation

\_\_\_\_\_

Staff Member Signature:

\_\_\_\_\_

Withdrawal - Core Instrument Version 2.0 Released September 2022  
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## Demographics Core

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The participant's date of enrollment:

\_\_\_\_\_  
(DD-MM-YYYY)

### DEMOGRAPHICS

What is the participant's date of birth?

\_\_\_\_\_  
(DD-MM-YYYY)

About how old is the participant? ONLY If date of birth unknown)

\_\_\_\_\_  
(Enter an integer number and select units of measure)

Approximated age measured in:

- ☐ Years  
☐ Months  
☐ Weeks  
☐ Days

Calculated age in years:

\_\_\_\_\_

What was the participant's biological sex at birth?

- ☐ Male  
☐ Female  
☐ Other

In which country was the participant born?

- ☐ Afghanistan
- ☐ Åland Islands
- ☐ Albania
- ☐ Algeria
- ☐ American Samoa
- ☐ Andorra
- ☐ Angola
- ☐ Anguilla
- ☐ Antarctica
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Aruba
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas (the)
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bermuda
- ☐ Bhutan
- ☐ Bolivia (Plurinational State of)
- ☐ Bonaire, Sint Eustatius and Saba
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Bouvet Island
- ☐ Brazil
- ☐ British Indian Ocean Territory (the)
- ☐ Brunei Darussalam
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Cayman Islands (the)
- ☐ Central African Republic (the)
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Christmas Island
- ☐ Cocos (Keeling) Islands (the)
- ☐ Colombia
- ☐ Comoros (the)
- ☐ Congo (the Democratic Republic of the)
- ☐ Congo (the)
- ☐ Cook Islands (the)
- ☐ Costa Rica
- ☐ Côte d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Curaçao
- ☐ Cyprus
- ☐ Czechia
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic (the)
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea

- ☐ Estonia
- ☐ Eswatini
- ☐ Ethiopia
- ☐ Falkland Islands (the) [Malvinas]
- ☐ Faroe Islands (the)
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ French Guiana
- ☐ French Polynesia
- ☐ French Southern Territories (the)
- ☐ Gabon
- ☐ Gambia (the)
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Gibraltar
- ☐ Greece
- ☐ Greenland
- ☐ Grenada
- ☐ Guadeloupe
- ☐ Guam
- ☐ Guatemala
- ☐ Guernsey
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Heard Island and McDonald Islands
- ☐ Holy See (the)
- ☐ Honduras
- ☐ Hong Kong
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran (Islamic Republic of)
- ☐ Iraq
- ☐ Ireland
- ☐ Isle of Man
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jersey
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Korea (the Democratic People's Republic of)
- ☐ Korea (the Republic of)
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Lao People's Democratic Republic (the)
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macao
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands (the)
- ☐ Martinique

- ☐ Mauritania
- ☐ Mauritius
- ☐ Mayotte
- ☐ Mexico
- ☐ Micronesia (Federated States of)
- ☐ Moldova (the Republic of)
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Montserrat
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands (the)
- ☐ New Caledonia
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger (the)
- ☐ Nigeria
- ☐ Niue
- ☐ Norfolk Island
- ☐ North Macedonia
- ☐ Northern Mariana Islands (the)
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine, State of
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines (the)
- ☐ Pitcairn
- ☐ Poland
- ☐ Portugal
- ☐ Puerto Rico
- ☐ Qatar
- ☐ Réunion
- ☐ Romania
- ☐ Russian Federation (the)
- ☐ Rwanda
- ☐ Saint Barthélemy
- ☐ Saint Helena, Ascension and Tristan da Cunha
- ☐ Saint Kitts and Nevis
- ☐ Saint Lucia
- ☐ Saint Martin (French part)
- ☐ Saint Pierre and Miquelon
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Sint Maarten (Dutch part)
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands
- ☐ Somalia
- ☐ South Africa
- ☐ South Georgia and the South Sandwich Islands
- ☐ South Sudan
- ☐ Spain
- ☐ Sri Lanka

- ☐ Sudan (the)
- ☐ Suriname
- ☐ Svalbard and Jan Mayen
- ☐ Sweden
- ☐ Switzerland
- ☐ Syrian Arab Republic (the)
- ☐ Taiwan (Province of China)
- ☐ Tajikistan
- ☐ Tanzania, the United Republic of
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tokelau
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tunisia
- ☐ Turkey
- ☐ Turkmenistan
- ☐ Turks and Caicos Islands (the)
- ☐ Tuvalu
- ☐ Uganda
- ☐ Ukraine
- ☐ United Arab Emirates (the)
- ☐ United Kingdom of Great Britain and Northern Ireland (the)
- ☐ United States Minor Outlying Islands (the)
- ☐ United States of America (the)
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Venezuela (Bolivarian Republic of)
- ☐ Viet Nam
- ☐ Virgin Islands (British)
- ☐ Virgin Islands (U.S.)
- ☐ Wallis and Futuna
- ☐ Western Sahara\*
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe



What is the participant's native language?

- ☐ Abbron
- ☐ Afar
- ☐ Afrikaans
- ☐ Akan
- ☐ Amharic,
- ☐ Arabic
- ☐ Bangi Me
- ☐ Bayot
- ☐ Berber
- ☐ Bhojpuri
- ☐ Cape Verdean Creole
- ☐ Chewa
- ☐ Comorian
- ☐ Creole
- ☐ Dangme
- ☐ Dinka
- ☐ Dompo
- ☐ English
- ☐ Ega
- ☐ Ewe
- ☐ Fon
- ☐ French
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ German
- ☐ Gikuyu
- ☐ Gomba
- ☐ Gumuz
- ☐ Hadza
- ☐ Hausa
- ☐ Hindi
- ☐ Igbo
- ☐ Irimba
- ☐ Italian
- ☐ Jalaa
- ☐ Kanuri
- ☐ Khoekhoe
- ☐ Kimbundu
- ☐ Kinyarwanda
- ☐ Kirundi
- ☐ Kituba
- ☐ Kongo
- ☐ Kujarge
- ☐ Laal
- ☐ Lingala
- ☐ Lufu
- ☐ Luganda
- ☐ Luo
- ☐ Maasai
- ☐ Malagasy
- ☐ Mauritian Creole
- ☐ Mawa
- ☐ Meyobe
- ☐ Mimi
- ☐ Mossi
- ☐ Mpra
- ☐ Nambya
- ☐ Ndau
- ☐ Ndebele
- ☐ Nobiin
- ☐ Noon
- ☐ Oblo
- ☐ Ongota
- ☐ Oromo
- ☐ Oropom
- ☐ Portuguese
- ☐ Rer Bare
- ☐ Sena

- ☐ Sepedi
- ☐ Sesotho
- ☐ Seychellois Creole
- ☐ Shabo
- ☐ Shona
- ☐ Songhay
- ☐ Somali
- ☐ Sotho/Sesotho
- ☐ Spanish
- ☐ Swahili
- ☐ Swati (Eswatini)
- ☐ Swazi
- ☐ Tamil
- ☐ Telugu
- ☐ Tigrinya
- ☐ Tonga
- ☐ Kalenjin
- ☐ Tsonga
- ☐ Twi
- ☐ Tshiluba
- ☐ Tshivenda
- ☐ Tswana/Setswana
- ☐ Umbundu
- ☐ Venda
- ☐ Weyto
- ☐ Wutana
- ☐ Wolof
- ☐ Xhosa
- ☐ Yenî
- ☐ Yoruba
- ☐ Zulu
- ☐ Other

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(If Other) Specify other native language:

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What is the participant's ethnic or tribal affiliation?

- ☐ Acholi
- ☐ Afar
- ☐ Afrikaner
- ☐ Agaw
- ☐ Aka
- ☐ Akan
- ☐ Aku
- ☐ Alur
- ☐ Ameru
- ☐ Amhara
- ☐ Anuak
- ☐ Baka
- ☐ Bambara
- ☐ Banda
- ☐ Banyoro
- ☐ Basaa
- ☐ Beja
- ☐ Bemba
- ☐ Berber
- ☐ BetiPahuin
- ☐ Biafada
- ☐ Bilen
- ☐ Cape Coloured
- ☐ Chagga
- ☐ Chewa
- ☐ Chinese
- ☐ Chokwe
- ☐ Copt
- ☐ Dendi
- ☐ Dinka
- ☐ Edo
- ☐ English
- ☐ Efik
- ☐ Egyptian
- ☐ Eket
- ☐ Esan
- ☐ Ewe
- ☐ Fon
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ Ganda
- ☐ Gbaya
- ☐ Goffal
- ☐ Gurage
- ☐ Gwari
- ☐ Hausa
- ☐ Herero
- ☐ Himba
- ☐ Hutu
- ☐ Igbo
- ☐ Ijaw
- ☐ Indian
- ☐ Italian
- ☐ Jola
- ☐ Kalanga
- ☐ Kalenjin
- ☐ Kamba
- ☐ Kanuri
- ☐ Khoikhoi
- ☐ Kikuyu
- ☐ Kongo
- ☐ Kotoko
- ☐ Kwama
- ☐ Langi
- ☐ Lemba
- ☐ Lingala
- ☐ Luba
- ☐ Lugbara

- ☐ Luhya
- ☐ Luo
- ☐ Maasai
- ☐ Maghrebi
- ☐ Makonde
- ☐ Makua
- ☐ Mande South
- ☐ Mandingo
- ☐ Marka
- ☐ Mbunda
- ☐ Mbundu
- ☐ Mende
- ☐ Moghamo
- ☐ Mole-Dagbani
- ☐ Mongo
- ☐ Nambya
- ☐ Ngamambo
- ☐ North Ndebele
- ☐ Nubian
- ☐ Nuer
- ☐ Oromo
- ☐ Ovambo
- ☐ Ovimbundu
- ☐ Papel
- ☐ Portuguese
- ☐ Saho
- ☐ Samburu
- ☐ San
- ☐ Sara
- ☐ Serer
- ☐ Shilluk
- ☐ Shona
- ☐ Sidama
- ☐ Somali
- ☐ Songhai
- ☐ Sotho
- ☐ South Ndebele
- ☐ Spanish
- ☐ Sua
- ☐ Swahili
- ☐ Swazi
- ☐ Tigray-Tigrinya
- ☐ Tigre
- ☐ Tiv
- ☐ Tonga
- ☐ Toubou
- ☐ Tsonga
- ☐ Tswana
- ☐ Tuareg
- ☐ Tutsi
- ☐ Twa
- ☐ Urhobo
- ☐ Venda
- ☐ Wolof
- ☐ Xhosa
- ☐ Yeyi
- ☐ Yoruba
- ☐ Zaghawa
- ☐ Zande
- ☐ Zarma
- ☐ Zulu
- ☐ Other

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(If Other) Specify other ethnic or tribal affiliation:

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What is the participant's biological father's country of birth?

- ☐ Afghanistan
- ☐ Åland Islands
- ☐ Albania
- ☐ Algeria
- ☐ American Samoa
- ☐ Andorra
- ☐ Angola
- ☐ Anguilla
- ☐ Antarctica
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Aruba
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas (the)
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bermuda
- ☐ Bhutan
- ☐ Bolivia (Plurinational State of)
- ☐ Bonaire, Sint Eustatius and Saba
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Bouvet Island
- ☐ Brazil
- ☐ British Indian Ocean Territory (the)
- ☐ Brunei Darussalam
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Cayman Islands (the)
- ☐ Central African Republic (the)
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Christmas Island
- ☐ Cocos (Keeling) Islands (the)
- ☐ Colombia
- ☐ Comoros (the)
- ☐ Congo (the Democratic Republic of the)
- ☐ Congo (the)
- ☐ Cook Islands (the)
- ☐ Costa Rica
- ☐ Côte d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Curaçao
- ☐ Cyprus
- ☐ Czechia
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic (the)
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea

- ☐ Estonia
- ☐ Eswatini
- ☐ Ethiopia
- ☐ Falkland Islands (the) [Malvinas]
- ☐ Faroe Islands (the)
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ French Guiana
- ☐ French Polynesia
- ☐ French Southern Territories (the)
- ☐ Gabon
- ☐ Gambia (the)
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Gibraltar
- ☐ Greece
- ☐ Greenland
- ☐ Grenada
- ☐ Guadeloupe
- ☐ Guam
- ☐ Guatemala
- ☐ Guernsey
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Heard Island and McDonald Islands
- ☐ Holy See (the)
- ☐ Honduras
- ☐ Hong Kong
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran (Islamic Republic of)
- ☐ Iraq
- ☐ Ireland
- ☐ Isle of Man
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jersey
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Korea (the Democratic People's Republic of)
- ☐ Korea (the Republic of)
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Lao People's Democratic Republic (the)
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macao
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands (the)
- ☐ Martinique

- ☐ Mauritania
- ☐ Mauritius
- ☐ Mayotte
- ☐ Mexico
- ☐ Micronesia (Federated States of)
- ☐ Moldova (the Republic of)
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Montserrat
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands (the)
- ☐ New Caledonia
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger (the)
- ☐ Nigeria
- ☐ Niue
- ☐ Norfolk Island
- ☐ North Macedonia
- ☐ Northern Mariana Islands (the)
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine, State of
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines (the)
- ☐ Pitcairn
- ☐ Poland
- ☐ Portugal
- ☐ Puerto Rico
- ☐ Qatar
- ☐ Réunion
- ☐ Romania
- ☐ Russian Federation (the)
- ☐ Rwanda
- ☐ Saint Barthélemy
- ☐ Saint Helena, Ascension and Tristan da Cunha
- ☐ Saint Kitts and Nevis
- ☐ Saint Lucia
- ☐ Saint Martin (French part)
- ☐ Saint Pierre and Miquelon
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Sint Maarten (Dutch part)
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands
- ☐ Somalia
- ☐ South Africa
- ☐ South Georgia and the South Sandwich Islands
- ☐ South Sudan
- ☐ Spain
- ☐ Sri Lanka

- ☐ Sudan (the)
- ☐ Suriname
- ☐ Svalbard and Jan Mayen
- ☐ Sweden
- ☐ Switzerland
- ☐ Syrian Arab Republic (the)
- ☐ Taiwan (Province of China)
- ☐ Tajikistan
- ☐ Tanzania, the United Republic of
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tokelau
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tunisia
- ☐ Turkey
- ☐ Turkmenistan
- ☐ Turks and Caicos Islands (the)
- ☐ Tuvalu
- ☐ Uganda
- ☐ Ukraine
- ☐ United Arab Emirates (the)
- ☐ United Kingdom of Great Britain and Northern Ireland (the)
- ☐ United States Minor Outlying Islands (the)
- ☐ United States of America (the)
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Venezuela (Bolivarian Republic of)
- ☐ Viet Nam
- ☐ Virgin Islands (British)
- ☐ Virgin Islands (U.S.)
- ☐ Wallis and Futuna
- ☐ Western Sahara\*
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe



What is the participant's biological father's native language?

- ☐ Abron
- ☐ Afar
- ☐ Afrikaans
- ☐ Akan
- ☐ Amharic,
- ☐ Arabic
- ☐ Bangi Me
- ☐ Bayot
- ☐ Berber
- ☐ Bhojpuri
- ☐ Cape Verdean Creole
- ☐ Chewa
- ☐ Comorian
- ☐ Creole
- ☐ Dangme
- ☐ Dinka
- ☐ Dompo
- ☐ English
- ☐ Ega
- ☐ Ewe
- ☐ Fon
- ☐ French
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ German
- ☐ Gikuyu
- ☐ Gomba
- ☐ Gumuz
- ☐ Hadza
- ☐ Hausa
- ☐ Hindi
- ☐ Igbo
- ☐ Irimba
- ☐ Italian
- ☐ Jalaa
- ☐ Kanuri
- ☐ Khoekhoe
- ☐ Kimbundu
- ☐ Kinyarwanda
- ☐ Kirundi
- ☐ Kituba
- ☐ Kongo
- ☐ Kujarge
- ☐ Laal
- ☐ Lingala
- ☐ Lufu
- ☐ Luganda
- ☐ Luo
- ☐ Maasai
- ☐ Malagasy
- ☐ Mauritian Creole
- ☐ Mawa
- ☐ Meyobe
- ☐ Mimi
- ☐ Mossi
- ☐ Mpra
- ☐ Nambya
- ☐ Ndau
- ☐ Ndebele
- ☐ Nobiin
- ☐ Noon
- ☐ Oblo
- ☐ Ongota
- ☐ Oromo
- ☐ Oropom
- ☐ Portuguese
- ☐ Rer Bare
- ☐ Sena

- ☐ Sepedi
- ☐ Sesotho
- ☐ Seychellois Creole
- ☐ Shabo
- ☐ Shona
- ☐ Songhay
- ☐ Somali
- ☐ Sotho/Sesotho
- ☐ Spanish
- ☐ Swahili
- ☐ Swati (Eswatini)
- ☐ Swazi
- ☐ Tamil
- ☐ Telugu
- ☐ Tigrinya
- ☐ Tonga
- ☐ Kalenjin
- ☐ Tsonga
- ☐ Twi
- ☐ Tshiluba
- ☐ Tshivenda
- ☐ Tswana/Setswana
- ☐ Umbundu
- ☐ Venda
- ☐ Weyto
- ☐ Wutana
- ☐ Wolof
- ☐ Xhosa
- ☐ Yenî
- ☐ Yoruba
- ☐ Zulu
- ☐ Other

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(If Other) Specify the participant's biological  
father's native language:

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What is the participant's biological father's ethno-linguistic tribal affiliation?

- ☐ Acholi
- ☐ Afar
- ☐ Afrikaner
- ☐ Agaw
- ☐ Aka
- ☐ Akan
- ☐ Aku
- ☐ Alur
- ☐ Ameru
- ☐ Amhara
- ☐ Anuak
- ☐ Baka
- ☐ Bambara
- ☐ Banda
- ☐ Banyoro
- ☐ Basaa
- ☐ Beja
- ☐ Bemba
- ☐ Berber
- ☐ BetiPahuin
- ☐ Biafada
- ☐ Bilen
- ☐ Cape Coloured
- ☐ Chagga
- ☐ Chewa
- ☐ Chinese
- ☐ Chokwe
- ☐ Copt
- ☐ Dendi
- ☐ Dinka
- ☐ Edo
- ☐ English
- ☐ Efik
- ☐ Egyptian
- ☐ Eket
- ☐ Esan
- ☐ Ewe
- ☐ Fon
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ Ganda
- ☐ Gbaya
- ☐ Goffal
- ☐ Gurage
- ☐ Gwari
- ☐ Hausa
- ☐ Herero
- ☐ Himba
- ☐ Hutu
- ☐ Igbo
- ☐ Ijaw
- ☐ Indian
- ☐ Italian
- ☐ Jola
- ☐ Kalanga
- ☐ Kalenjin
- ☐ Kamba
- ☐ Kanuri
- ☐ Khoikhoi
- ☐ Kikuyu
- ☐ Kongo
- ☐ Kotoko
- ☐ Kwama
- ☐ Langi
- ☐ Lemba
- ☐ Lingala
- ☐ Luba
- ☐ Lugbara

- ☐ Luhya
- ☐ Luo
- ☐ Maasai
- ☐ Maghrebi
- ☐ Makonde
- ☐ Makua
- ☐ Mande South
- ☐ Mandingo
- ☐ Marka
- ☐ Mbunda
- ☐ Mbundu
- ☐ Mende
- ☐ Moghamo
- ☐ Mole-Dagbani
- ☐ Mongo
- ☐ Nambya
- ☐ Ngamambo
- ☐ North Ndebele
- ☐ Nubian
- ☐ Nuer
- ☐ Oromo
- ☐ Ovambo
- ☐ Ovimbundu
- ☐ Papel
- ☐ Portuguese
- ☐ Saho
- ☐ Samburu
- ☐ San
- ☐ Sara
- ☐ Serer
- ☐ Shilluk
- ☐ Shona
- ☐ Sidama
- ☐ Somali
- ☐ Songhai
- ☐ Sotho
- ☐ South Ndebele
- ☐ Spanish
- ☐ Sua
- ☐ Swahili
- ☐ Swazi
- ☐ Tigray-Tigrinya
- ☐ Tigre
- ☐ Tiv
- ☐ Tonga
- ☐ Toubou
- ☐ Tsonga
- ☐ Tswana
- ☐ Tuareg
- ☐ Tutsi
- ☐ Twa
- ☐ Urhobo
- ☐ Venda
- ☐ Wolof
- ☐ Xhosa
- ☐ Yeyi
- ☐ Yoruba
- ☐ Zaghawa
- ☐ Zande
- ☐ Zarma
- ☐ Zulu
- ☐ Other

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(If Other) Specify the participant's biological  
father's ethnic or tribal affiliation:

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What is the participant's biological mother's country of birth?

- ☐ Afghanistan
- ☐ Åland Islands
- ☐ Albania
- ☐ Algeria
- ☐ American Samoa
- ☐ Andorra
- ☐ Angola
- ☐ Anguilla
- ☐ Antarctica
- ☐ Antigua and Barbuda
- ☐ Argentina
- ☐ Armenia
- ☐ Aruba
- ☐ Australia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Bahamas (the)
- ☐ Bahrain
- ☐ Bangladesh
- ☐ Barbados
- ☐ Belarus
- ☐ Belgium
- ☐ Belize
- ☐ Benin
- ☐ Bermuda
- ☐ Bhutan
- ☐ Bolivia (Plurinational State of)
- ☐ Bonaire, Sint Eustatius and Saba
- ☐ Bosnia and Herzegovina
- ☐ Botswana
- ☐ Bouvet Island
- ☐ Brazil
- ☐ British Indian Ocean Territory (the)
- ☐ Brunei Darussalam
- ☐ Bulgaria
- ☐ Burkina Faso
- ☐ Burundi
- ☐ Cabo Verde
- ☐ Cambodia
- ☐ Cameroon
- ☐ Canada
- ☐ Cayman Islands (the)
- ☐ Central African Republic (the)
- ☐ Chad
- ☐ Chile
- ☐ China
- ☐ Christmas Island
- ☐ Cocos (Keeling) Islands (the)
- ☐ Colombia
- ☐ Comoros (the)
- ☐ Congo (the Democratic Republic of the)
- ☐ Congo (the)
- ☐ Cook Islands (the)
- ☐ Costa Rica
- ☐ Côte d'Ivoire
- ☐ Croatia
- ☐ Cuba
- ☐ Curaçao
- ☐ Cyprus
- ☐ Czechia
- ☐ Denmark
- ☐ Djibouti
- ☐ Dominica
- ☐ Dominican Republic (the)
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea

- ☐ Estonia
- ☐ Eswatini
- ☐ Ethiopia
- ☐ Falkland Islands (the) [Malvinas]
- ☐ Faroe Islands (the)
- ☐ Fiji
- ☐ Finland
- ☐ France
- ☐ French Guiana
- ☐ French Polynesia
- ☐ French Southern Territories (the)
- ☐ Gabon
- ☐ Gambia (the)
- ☐ Georgia
- ☐ Germany
- ☐ Ghana
- ☐ Gibraltar
- ☐ Greece
- ☐ Greenland
- ☐ Grenada
- ☐ Guadeloupe
- ☐ Guam
- ☐ Guatemala
- ☐ Guernsey
- ☐ Guinea
- ☐ Guinea-Bissau
- ☐ Guyana
- ☐ Haiti
- ☐ Heard Island and McDonald Islands
- ☐ Holy See (the)
- ☐ Honduras
- ☐ Hong Kong
- ☐ Hungary
- ☐ Iceland
- ☐ India
- ☐ Indonesia
- ☐ Iran (Islamic Republic of)
- ☐ Iraq
- ☐ Ireland
- ☐ Isle of Man
- ☐ Israel
- ☐ Italy
- ☐ Jamaica
- ☐ Japan
- ☐ Jersey
- ☐ Jordan
- ☐ Kazakhstan
- ☐ Kenya
- ☐ Kiribati
- ☐ Korea (the Democratic People's Republic of)
- ☐ Korea (the Republic of)
- ☐ Kuwait
- ☐ Kyrgyzstan
- ☐ Lao People's Democratic Republic (the)
- ☐ Latvia
- ☐ Lebanon
- ☐ Lesotho
- ☐ Liberia
- ☐ Libya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macao
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Mali
- ☐ Malta
- ☐ Marshall Islands (the)
- ☐ Martinique

- ☐ Mauritania
- ☐ Mauritius
- ☐ Mayotte
- ☐ Mexico
- ☐ Micronesia (Federated States of)
- ☐ Moldova (the Republic of)
- ☐ Monaco
- ☐ Mongolia
- ☐ Montenegro
- ☐ Montserrat
- ☐ Morocco
- ☐ Mozambique
- ☐ Myanmar
- ☐ Namibia
- ☐ Nauru
- ☐ Nepal
- ☐ Netherlands (the)
- ☐ New Caledonia
- ☐ New Zealand
- ☐ Nicaragua
- ☐ Niger (the)
- ☐ Nigeria
- ☐ Niue
- ☐ Norfolk Island
- ☐ North Macedonia
- ☐ Northern Mariana Islands (the)
- ☐ Norway
- ☐ Oman
- ☐ Pakistan
- ☐ Palau
- ☐ Palestine, State of
- ☐ Panama
- ☐ Papua New Guinea
- ☐ Paraguay
- ☐ Peru
- ☐ Philippines (the)
- ☐ Pitcairn
- ☐ Poland
- ☐ Portugal
- ☐ Puerto Rico
- ☐ Qatar
- ☐ Réunion
- ☐ Romania
- ☐ Russian Federation (the)
- ☐ Rwanda
- ☐ Saint Barthélemy
- ☐ Saint Helena, Ascension and Tristan da Cunha
- ☐ Saint Kitts and Nevis
- ☐ Saint Lucia
- ☐ Saint Martin (French part)
- ☐ Saint Pierre and Miquelon
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone
- ☐ Singapore
- ☐ Sint Maarten (Dutch part)
- ☐ Slovakia
- ☐ Slovenia
- ☐ Solomon Islands
- ☐ Somalia
- ☐ South Africa
- ☐ South Georgia and the South Sandwich Islands
- ☐ South Sudan
- ☐ Spain
- ☐ Sri Lanka

- ☐ Sudan (the)
- ☐ Suriname
- ☐ Svalbard and Jan Mayen
- ☐ Sweden
- ☐ Switzerland
- ☐ Syrian Arab Republic (the)
- ☐ Taiwan (Province of China)
- ☐ Tajikistan
- ☐ Tanzania, the United Republic of
- ☐ Thailand
- ☐ Timor-Leste
- ☐ Togo
- ☐ Tokelau
- ☐ Tonga
- ☐ Trinidad and Tobago
- ☐ Tunisia
- ☐ Turkey
- ☐ Turkmenistan
- ☐ Turks and Caicos Islands (the)
- ☐ Tuvalu
- ☐ Uganda
- ☐ Ukraine
- ☐ United Arab Emirates (the)
- ☐ United Kingdom of Great Britain and Northern Ireland (the)
- ☐ United States Minor Outlying Islands (the)
- ☐ United States of America (the)
- ☐ Uruguay
- ☐ Uzbekistan
- ☐ Vanuatu
- ☐ Venezuela (Bolivarian Republic of)
- ☐ Viet Nam
- ☐ Virgin Islands (British)
- ☐ Virgin Islands (U.S.)
- ☐ Wallis and Futuna
- ☐ Western Sahara\*
- ☐ Yemen
- ☐ Zambia
- ☐ Zimbabwe



What is the participant's biological mother's native language?

- ☐ Abron
- ☐ Afar
- ☐ Afrikaans
- ☐ Akan
- ☐ Amharic,
- ☐ Arabic
- ☐ Bangi Me
- ☐ Bayot
- ☐ Berber
- ☐ Bhojpuri
- ☐ Cape Verdean Creole
- ☐ Chewa
- ☐ Comorian
- ☐ Creole
- ☐ Dangme
- ☐ Dinka
- ☐ Dompo
- ☐ English
- ☐ Ega
- ☐ Ewe
- ☐ Fon
- ☐ French
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ German
- ☐ Gikuyu
- ☐ Gomba
- ☐ Gumuz
- ☐ Hadza
- ☐ Hausa
- ☐ Hindi
- ☐ Igbo
- ☐ Irimba
- ☐ Italian
- ☐ Jalaa
- ☐ Kanuri
- ☐ Khoekhoe
- ☐ Kimbundu
- ☐ Kinyarwanda
- ☐ Kirundi
- ☐ Kituba
- ☐ Kongo
- ☐ Kujarge
- ☐ Laal
- ☐ Lingala
- ☐ Lufu
- ☐ Luganda
- ☐ Luo
- ☐ Maasai
- ☐ Malagasy
- ☐ Mauritian Creole
- ☐ Mawa
- ☐ Meyobe
- ☐ Mimi
- ☐ Mossi
- ☐ Mpra
- ☐ Nambya
- ☐ Ndau
- ☐ Ndebele
- ☐ Nobiin
- ☐ Noon
- ☐ Oblo
- ☐ Ongota
- ☐ Oromo
- ☐ Oropom
- ☐ Portuguese
- ☐ Rer Bare
- ☐ Sena

- ☐ Sepedi
- ☐ Sesotho
- ☐ Seychellois Creole
- ☐ Shabo
- ☐ Shona
- ☐ Songhay
- ☐ Somali
- ☐ Sotho/Sesotho
- ☐ Spanish
- ☐ Swahili
- ☐ Swati (Eswatini)
- ☐ Swazi
- ☐ Tamil
- ☐ Telugu
- ☐ Tigrinya
- ☐ Tonga
- ☐ Kalenjin
- ☐ Tsonga
- ☐ Twi
- ☐ Tshiluba
- ☐ Tshivenda
- ☐ Tswana/Setswana
- ☐ Umbundu
- ☐ Venda
- ☐ Weyto
- ☐ Wutana
- ☐ Wolof
- ☐ Xhosa
- ☐ Yendi
- ☐ Yoruba
- ☐ Zulu
- ☐ Other

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(If Other) Specify the participant's biological mother's native language:

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What is the participant's biological mother's ethnic or tribal affiliation?

- ☐ Acholi
- ☐ Afar
- ☐ Afrikaner
- ☐ Agaw
- ☐ Aka
- ☐ Akan
- ☐ Aku
- ☐ Alur
- ☐ Ameru
- ☐ Amhara
- ☐ Anuak
- ☐ Baka
- ☐ Bambara
- ☐ Banda
- ☐ Banyoro
- ☐ Basaa
- ☐ Beja
- ☐ Bemba
- ☐ Berber
- ☐ BetiPahuin
- ☐ Biafada
- ☐ Bilen
- ☐ Cape Coloured
- ☐ Chagga
- ☐ Chewa
- ☐ Chinese
- ☐ Chokwe
- ☐ Copt
- ☐ Dendi
- ☐ Dinka
- ☐ Edo
- ☐ English
- ☐ Efik
- ☐ Egyptian
- ☐ Eket
- ☐ Esan
- ☐ Ewe
- ☐ Fon
- ☐ Fulani
- ☐ Fur
- ☐ Ga
- ☐ Ganda
- ☐ Gbaya
- ☐ Goffal
- ☐ Gurage
- ☐ Gwari
- ☐ Hausa
- ☐ Herero
- ☐ Himba
- ☐ Hutu
- ☐ Igbo
- ☐ Ijaw
- ☐ Indian
- ☐ Italian
- ☐ Jola
- ☐ Kalanga
- ☐ Kalenjin
- ☐ Kamba
- ☐ Kanuri
- ☐ Khoikhoi
- ☐ Kikuyu
- ☐ Kongo
- ☐ Kotoko
- ☐ Kwama
- ☐ Langi
- ☐ Lemba
- ☐ Lingala
- ☐ Luba
- ☐ Lugbara

- ☐ Luhya
- ☐ Luo
- ☐ Maasai
- ☐ Maghrebi
- ☐ Makonde
- ☐ Makua
- ☐ Mande South
- ☐ Mandingo
- ☐ Marka
- ☐ Mbunda
- ☐ Mbundu
- ☐ Mende
- ☐ Moghamo
- ☐ Mole-Dagbani
- ☐ Mongo
- ☐ Nambya
- ☐ Ngamambo
- ☐ North Ndebele
- ☐ Nubian
- ☐ Nuer
- ☐ Oromo
- ☐ Ovambo
- ☐ Ovimbundu
- ☐ Papel
- ☐ Portuguese
- ☐ Saho
- ☐ Samburu
- ☐ San
- ☐ Sara
- ☐ Serer
- ☐ Shilluk
- ☐ Shona
- ☐ Sidama
- ☐ Somali
- ☐ Songhai
- ☐ Sotho
- ☐ South Ndebele
- ☐ Spanish
- ☐ Sua
- ☐ Swahili
- ☐ Swazi
- ☐ Tigray-Tigrinya
- ☐ Tigre
- ☐ Tiv
- ☐ Tonga
- ☐ Toubou
- ☐ Tsonga
- ☐ Tswana
- ☐ Tuareg
- ☐ Tutsi
- ☐ Twa
- ☐ Urhobo
- ☐ Venda
- ☐ Wolof
- ☐ Xhosa
- ☐ Yeyi
- ☐ Yoruba
- ☐ Zaghawa
- ☐ Zande
- ☐ Zarma
- ☐ Zulu
- ☐ Other

---

(If Other) Specify the participant's biological mother's ethnic or tribal affiliation:

---

---

Is the participant currently attending school?

- ☐ Yes  
☐ No

---

(If Yes) What type of school?

- ☐ Early Learning Centre / Nursery / Creche  
☐ Preschool / Kindergarten / Grade R  
☐ Public Primary school (Grade 1 - 7)  
☐ Private Primary school (Grade 1 - 7)  
☐ Public Secondary school (Grade 8 - 12)  
☐ Private Secondary school (Grade 8 - 12)  
☐ Special school / School for children with disabilities  
☐ Homeschool / Cottage school  
☐ Tertiary school / College / Technikon /University

---

(If No) What is the highest level of education achieved by the participant?

- ☐ No formal education  
☐ Primary  
☐ Secondary  
☐ Tertiary

---

What is the highest level of education achieved by the participant's primary caregiver?

- ☐ No formal education  
☐ Primary  
☐ Secondary  
☐ Tertiary

---

What is the employment status of the participant's primary caregiver?

- ☐ Self employed  
☐ Formal full-time employment by someone else  
☐ Part-time employment by someone else  
☐ Informal employment (dependent on availability of work)  
☐ Unemployed

---

Demographics - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Anthropometrics Core

Collection date of anthropometrics measures:

(DD-MM-YYYY)

## HEAD CIRCUMFERENCE

Head circumference measurement #1:

(Please provide head measurement in centimetres.)

Head circumference measurement #2:

(Please provide head measurement in centimetres.)

Head circumference measurement #3:

(Please provide head measurement in centimetres.)

Calculated average head circumference (cm):

(This field is automatically calculated.)

## HEIGHT

Height measurement #1:

(Provide measurement in centimetres.)

Height measurement #2:

(Provide measurement in centimetres.)

Height measurement #3:

(Provide measurement in centimetres.)

Calculated average height (cm):

(This field is automatically calculated.)

Approximate height reported by participant:  
(Only if measuring height is not possible)

(Provide measurement in centimetres.)

**WEIGHT**

Weight measurement #1:

---

(Provide weight measurement in kilograms.)

Weight measurement #2:

---

(Provide weight measurement in kilograms.)

Weight measurement #3:

---

(Provide weight measurement in kilograms.)

Calculated average weight (kg):

---

(This field is automatically calculated.)

Is the participant wearing a cast or medical prosthesis?

☐ Yes  
☐ No

Location of cast or medical prosthesis:

---

Is the participant wearing street clothes during the weight measurements?

☐ Yes  
☐ NoApproximate weight reported by the participant:  
(Only if measuring weight is not possible)

---

(Provide weight measurement in kilograms.)**MID-UPPER ARM CIRCUMFERENCE**

Mid-upper arm circumference measurement #1:

---

(Provide mid-upper arm measurement in centimetres.)

Mid-upper arm circumference measurement #2:

---

(Provide mid-upper arm measurement in centimetres.)

Mid-upper arm circumference measurement #3:

---

(Provide mid-upper arm measurement in centimetres.)

Calculated average mid-upper arm circumference (cm):

---

(This field is automatically calculated.)

**HIP CIRCUMFERENCE**

Hip circumference measurement #1:

---

(Provide hip circumference measurement in centimetres.)

Hip circumference measurement #2:

---

(Provide hip circumference measurement in centimetres.)

Hip circumference measurement #3:

---

(Provide hip circumference measurement in centimetres.)

Calculated average hip circumference (cm):

---

(This field is automatically calculated.)

**WAIST CIRCUMFERENCE**

Waist circumference measurement #1:

---

(Please provide waist measurement in centimetres.)

Waist circumference measurement #2:

---

(Please provide waist measurement in centimetres.)

Waist circumference measurement #3:

---

(Please provide waist measurement in centimetres.)

Calculated average waist circumference (cm):

---

(This field is automatically calculated.)

Anthropometrics - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards



# Hypertension History Core

Collection date of hypertension information:

(DD-MM-YYYY)

## HYPERTENSION HISTORY

Has a healthcare worker ever said the participant has high blood pressure or hypertension?

- ☐ Yes  
☐ No

(If Yes) At what age was the participant first told this?

(Provide age in years.)

(FOR Women): Was this during pregnancy only?

- ☐ Yes  
☐ No

Has the participant ever taken medication for hypertension/high blood pressure?

- ☐ Yes now  
☐ Yes not now  
☐ No

(If Yes) At what age did they begin taking medicine for hypertension/high blood pressure?

(Provide age in years.)

Hypertension History - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Blood Pressure Core

Date of blood pressure measurements:

(DD-MM-YYYY)

### BLOOD PRESSURE MEASUREMENTS

For blood pressure measurements, specify Aneroid sphygmomanometers name and model:

Blood pressure cuffs size used (S, M, L, XL):

☐ S ☐ M ☐ L ☐ XL

Systolic Pressure measurement #1:

(mmHg)

Diastolic Pressure measurement #1:

(mmHg)

Systolic Pressure measurement #2:

(mmHg)

Diastolic Pressure measurement #2:

(mmHg)

Systolic Pressure measurement #3:

(mmHg)

Diastolic Pressure measurement #3:

(mmHg)

Average (calculated) systolic blood pressure measurement:

(This field is automatically calculated.)

Average (calculated) diastolic blood pressure measurement:

(This field is automatically calculated.)

Blood Pressure - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Urine Results

---

108) Urine sample collection date:

\_\_\_\_\_  
(DD-MM-YYYY)

---

109) Urinary albumin

\_\_\_\_\_  
(mg/L)

---

110) Urinary creatinine

\_\_\_\_\_  
(mg/L)

---

111) Urinary total protein

\_\_\_\_\_  
(mg/L)

---

Urine Results - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Smoking Exposure Core

---

Collection date of smoking exposure information:

\_\_\_\_\_  
(DD-MM-YYYY)

### SMOKING EXPOSURE

Does anyone in the participant's household smoke  
cigarettes or other tobacco-based products?

- ☐ Yes  
☐ No

---

(If Yes) How many members in the household smoke?

\_\_\_\_\_

---

(If Yes) How frequently do they smoke?

- ☐ Once, daily  
☐ More than once, daily  
☐ Weekly  
☐ Infrequently

---

Smoking Exposure - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Smoking Status Core

Collection date of smoking status information:

(DD-MM-YYYY)

## SMOKING STATUS

Has the participant smoked at least 100 tobacco cigarettes in his/her entire life?

- ☐ Yes  
☐ No

Has the participant used at least 1 tobacco cigarette in his/her entire life (including cigarette, e-cigarette, vape, cigar etc.)?

- ☐ Yes  
☐ No

How old was the participant when he/she first started smoking tobacco cigarettes?

(Provide age in years.)

What type of smoker would you currently say you are:

- ☐ An EVERY day smoker  
☐ A FAIRLY REGULAR (some days) smoker  
☐ A FORMER smoker  
☐ Don't Know  
☐ Refused

Has the participant EVER smoked tobacco cigarettes EVERY DAY for at least 6 months?

- ☐ Yes  
☐ No

On the days that you smoke, on average, how many tobacco cigarettes does the participant smoke?

OR

If you are a former smoker, on the days that you smoked, on average, how many tobacco cigarettes did you smoke?

(Provide average number of cigarettes per day)

Over the past 30 days, on how many days did you smoke?

OR

If you are a former smoker, on average, on how many days did you smoke in a month?

(Every day smokers or former every day smokers should complete with '30'.)

(FOR Former Smokers): About how long has it been since you COMPLETELY quit smoking tobacco cigarettes?

Length of time since quitting measured in:

- ☐ Years  
☐ Months  
☐ Weeks  
☐ Days

**TOBACCO (NON-CIGARETTE) - PRODUCT USE****In his/her lifetime, has the participant ....**

	Yes	No
Smoked at least 50 cigars?	<input type="radio"/>	<input type="radio"/>
Smoked a pipe at least 50 times?	<input type="radio"/>	<input type="radio"/>
Used an e-cigarette or vape at least 50 times?	<input type="radio"/>	<input type="radio"/>
Used snuff, (such as Skoal, Skoal Bandit or Copenhagen) at least 20 times?	<input type="radio"/>	<input type="radio"/>
Used chewing tobacco (such as Redman, Levi Garrett or Beechnut) at least 20 times?	<input type="radio"/>	<input type="radio"/>

---

Smoking Status - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Alcohol Exposure Core

---

Collection date of alcohol exposure information:

\_\_\_\_\_  
(DD-MM-YYYY)

### ALCOHOL EXPOSURE

Does anyone in the participant's household drink alcohol?

- ☐ Yes  
☐ No

---

(If Yes) How many members in the household drink alcohol?

\_\_\_\_\_

---

(If Yes) How frequently do they drink alcohol?

- ☐ Once, daily  
☐ More than once, daily  
☐ Weekly  
☐ Infrequently

---

Alcohol Exposure - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Alcohol Consumption Core

Collection date for alcohol use information:

(DD-MM-YYYY)

## ALCOHOL CONSUMPTION

In his/her entire life, has the participant had at least 1 drink of any kind of alcohol?  
(not counting small tastes or sips)

- ☐ Yes  
☐ No

About how old was the participant when he/she first started drinking alcohol?  
(not counting small tastes or sips)

(Provide age in years.)

During the past 30 days, on how many days did the participant drink one or more drinks of an alcoholic beverage?

(Enter "00" if the participant did not drink in the past 30 days.)

On the days that the participant drank during the past 30 days, how many drinks did he/she usually have each day?

(Enter "00" if the participant did not drink in the past 30 days.)

(Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.)

What was the LARGEST number of drinks that he/she ever drank in a single day?

What is the participant's preferred alcoholic beverage?

- ☐ Beer  
☐ Brandy  
☐ Cider  
☐ Gin  
☐ Rum  
☐ Tequila  
☐ Vodka  
☐ Whiskey  
☐ Wine  
☐ Other

(If Other) Specify preferred alcoholic beverage:

Alcohol Use - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards



## Drug Use Core

### DRUG USE

Collection date of drug use information:

\_\_\_\_\_  
(DD-MM-YYYY)

### Has the participant ever used any of the following substances...

	Yes	No
Club Drugs	<input type="radio"/>	<input type="radio"/>
Cocaine / Crack Cocaine?	<input type="radio"/>	<input type="radio"/>
Hallucinogens?	<input type="radio"/>	<input type="radio"/>
Heroin?	<input type="radio"/>	<input type="radio"/>
Inhalents / Solvents?	<input type="radio"/>	<input type="radio"/>
Marijuana?	<input type="radio"/>	<input type="radio"/>
Painkillers?	<input type="radio"/>	<input type="radio"/>
Sedatives / Tranquilizers?	<input type="radio"/>	<input type="radio"/>
Stimulants?	<input type="radio"/>	<input type="radio"/>
Any other non-prescribed substances?	<input type="radio"/>	<input type="radio"/>

Club Drugs: Age of First Use?

\_\_\_\_\_  
(Age in years.)

Club Drugs: Frequency Used in Past 30 Days?

\_\_\_\_\_  
(Provide number of days used.)

Cocaine / Crack Cocaine: Age of First Use?

\_\_\_\_\_  
(Age in years.)

Cocaine / Crack Cocaine: Frequency Used in Past 30 Days?

\_\_\_\_\_  
(Provide number of days used.)

Hallucinogens: Age of First Use?

\_\_\_\_\_  
(Provide age in years.)

Hallucinogens: Frequency Used in Past 30 Days?

\_\_\_\_\_  
(Provide number of days used.)

Heroin: Age of First Use?

\_\_\_\_\_  
(Provide age in years.)

---

Heroin: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Inhalents / Solvents: Age of First Use?

---

(Provide age in years.)

---

Inhalents / Solvents: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Marijuana: Age of First Use?

---

(Provide age in years.)

---

Marijuana: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Painkillers: Age of First Use?

---

(Provide age in years.)

---

Painkillers: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Sedatives: Age of First Use?

---

(Provide age in years.)

---

Sedatives: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Stimulants: Age of First Use?

---

(Provide age in years.)

---

Stimulants: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

(If Other) Specify the substances the participant has used in their lifetime:

---

Other non-prescribed medications or substances: Age of First Use?

---

(Provide age in years.)

---

Other non-prescribed medications or substances: Frequency Used in Past 30 Days?

---

(Provide number of days used.)

---

Drug Use - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Medication Log Core

Collection date for medication information:

(DD-MM-YYYY)

## MEDICATION LOG

Medication name:

Medication Coded Name:

Indication/reason for medication?

Start date:

(DD-MM-YYYY)

Ongoing?

☐ Yes ☐ No

Stop date:

(DD-MM-YYYY)

Dose amount:

Dose units:

- ☐ mg
- ☐ ml
- ☐ spray or puff
- ☐ tablet
- ☐ pill
- ☐ softgel
- ☐ capsule
- ☐ application

Dose frequency:

- ☐ once per day (QD)
- ☐ twice a day (BID)
- ☐ three times a day (TID)
- ☐ four times a day (QID)
- ☐ nightly (NOCT)
- ☐ as needed (PRN)

Route of administration:

- ☐ Orally ☐ Per rectum
- ☐ Intravenous ☐ Per vaginal
- ☐ Inhaled ☐ Intramuscularly
- ☐ Nasogastric ☐ Subcutaneously
- ☐ Sublingually ☐ Topical

Medication Log - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Diabetes History Core

Collection date for diabetes information:

(DD-MM-YYYY)

## DIABETES HISTORY

Has a doctor or healthcare worker ever told the participant that he/she has diabetes (sugar in blood)?

☐ Yes  
☐ No

(FOR Women, If Yes): Did the doctor diagnose the participant with gestational diabetes (diabetes occurring ONLY during pregnancy)?

☐ Yes  
☐ No

(If Yes) Did the doctor diagnose the participant with type 1 diabetes?

☐ Yes  
☐ No

(If Yes) Did the doctor diagnose the participant with type 2 diabetes?

☐ Yes  
☐ No

(If Yes) Is the participant currently taking medication for diabetes?

☐ Yes  
☐ No

(If Yes) Is the participant taking insulin?

☐ Yes  
☐ No

At what age was the participant's diabetes first treated?

(Provide age in years.)

Was insulin the participant's first diabetes medicine?

☐ Yes  
☐ No

Has anyone in the participant's family been diagnosed with diabetes (any type)?

☐ Yes  
☐ No

Diabetes History - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Asthma Core

Collection date for asthma information:

(DD-MM-YYYY)

## ASTHMA

Has a clinician or a doctor diagnosed the participant as an asthmatic?

☐ Yes  
☐ No

(If Yes) Is the participant on any chronic medication for management / treatment of asthma?

☐ Yes  
☐ No

(If No) Does the participant experience any of the following signs and symptoms:

Frequent coughing spells during play, at night or while laughing or crying?

☐ Yes  
☐ No

A chronic cough in the past 3 months or more?

☐ Yes  
☐ No

Appear listless / unusually low in energy after physical play?

☐ Yes  
☐ No

Rapid breathing sessions from time to time?

☐ Yes  
☐ No

Complaining of a tight chest or sore chest?

☐ Yes  
☐ No

Complain of difficulty breathing OR (if infant) working harder to breathe (nostrils flaring, skin is sucking in around and between ribs or above the sternum, or exaggerated belly movement)?

☐ Yes  
☐ No

Making a whistling sound when breathing in or out?

☐ Yes  
☐ No

Difficulty eating OR (if infant) difficult sucking?

☐ Yes  
☐ No

Has the participant ever required emergency medical care or hospitalisation for difficulty breathing?

☐ Yes  
☐ No

Asthma - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Dyslipidemia Core

---

Collection date for dyslipidemia information:

\_\_\_\_\_  
(DD-MM-YYYY)

### DYSLIPIDEMIA

Has a doctor or healthcare worker ever told the participant that he/she has dyslipidemia?

- ☐ Yes  
☐ No

(If Yes) At what age was the participant first told this?

\_\_\_\_\_  
(Provide age in years.)

Was it confirmed with a laboratory test?

- ☐ Yes  
☐ No

Has the participant ever taken medication for dyslipidemia?

- ☐ Yes now  
☐ Yes not now  
☐ No

(If Yes) At what age did the participant start taking medication for dyslipidemia?

\_\_\_\_\_  
(Provide age in years.)

Dyslipidemia - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

## Cancer - Core

---

Collection date for cancer core information:

\_\_\_\_\_  
(DD-MM-YYYY)

### CANCER

Has the participant ever had cancer?

- ☐ Yes  
☐ No

---

(If Yes) Specify the number of unrelated cancer diagnoses:

\_\_\_\_\_  
(Number of unrelated cancer diagnoses.)

---

(If Yes) Specify the cancer type/s:

- ☐ Bone
- ☐ Brain
- ☐ Breast
- ☐ Cervix
- ☐ Colon/Rectum
- ☐ Endometrium
- ☐ Ovary
- ☐ Lung
- ☐ Lymphatic System
- ☐ Ovary
- ☐ Pancreas
- ☐ Prostate
- ☐ Skin
- ☐ Thyroid
- ☐ Other

---

(If Other) Specify the cancer type:

\_\_\_\_\_

---

Cancer - Core Instrument Version 2.0 Released  
September 2022  
H3ABioNet & H3Africa Phenotype Standards

\_\_\_\_\_

# Kidney Disease Core

Collection date for kidney information:

(DD-MM-YYYY)

## KIDNEY DISEASE HISTORY

Has a doctor or healthcare worker ever told the participant that he/she had kidney failure?

- ☐ Yes  
☐ No  
☐ Don't know

How old was the participant when this was first noted?

(Provide age in years.)

(If Yes) Are one or both kidneys working well now?

- ☐ Yes, both kidneys working well  
☐ Yes, one kidney working well  
☐ No, neither kidneys working well  
☐ Don't know

Has the participant previously been on renal dialysis?

- ☐ Yes  
☐ No  
☐ Don't know

Has the participant ever had a kidney transplant?

- ☐ Yes  
☐ No  
☐ Don't know

Has anyone in the participant's family either had kidney disease or died from it?

- ☐ Yes  
☐ No  
☐ Don't know

(If Yes) Is the type of kidney disease known?

- ☐ Yes  
☐ No

(If Yes) Specify kidney disease:

Has a doctor ever told the participant that his/her kidneys have compromised function?

- ☐ Yes  
☐ No  
☐ Don't know

Has a doctor or healthcare worker told the participant that he/she has a kidney disease?

- ☐ Yes  
☐ No  
☐ Don't know

Kidney Disease - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards



# Stroke History Core

Collection date for stroke information:

(DD-MM-YYYY)

## STROKE HISTORY

Was the participant ever told by a doctor or healthcare worker he/she had a stroke?

- ☐ Yes  
☐ No

Was the participant ever told by a doctor or healthcare worker he/she had a TIA, ministroke, or transient ischemic attack?

- ☐ Yes  
☐ No

If yes, how long did the weakness last?

- ☐ A few minutes  
☐ Less than 15 minutes  
☐ Less than an hour  
☐ A few hours  
☐ More than a day

Has the participant ever had a sudden painless weakness on one side of his/her body?

- ☐ Yes  
☐ No

Has the participant ever had a sudden numbness or a dead feeling on one side of his/her body?

- ☐ Yes  
☐ No

Has the participant ever had a sudden painless loss of vision in one or both eyes?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost one half of his/her vision?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost the ability to understand what people are saying?

- ☐ Yes  
☐ No

Has the participant ever suddenly lost the ability to express himself/herself verbally or in writing?

- ☐ Yes  
☐ No

Stroke - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Cardiovascular Disease Core

Collection date for cardiovascular disease information:

(DD-MM-YYYY)

## ARRHYTHMIA

Has a doctor or healthcare worker ever told the participant they have a heart rhythm problem called atrial fibrillation?

☐ Yes  
☐ No

(If Yes) Provide date of diagnosis:

(DD-MM-YYYY)

Did the participant go to a hospital/clinic or see a doctor regarding the matter?

☐ Yes  
☐ No

Has the participant had a permanent pacemaker inserted?

☐ Yes  
☐ No

(If Yes) What year was the participant's pacemaker inserted?

(YYYY)

## Is the participant taking any of the cardiovascular medications below:

	Yes now	Yes not now	No
Anticoagulants (e.g. Coumadin; Warfarin; etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antiarrhythmics (e.g. Quinidine; Procainamide; Norpace; Disopyramide; etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## RHEUMATIC FEVER/RHEUMATIC HEART DISEASE

Has a doctor or healthcare worker ever told the participant they have rheumatic fever (inflammatory rheumatism)?

☐ Yes  
☐ No

(If Yes) Has the participant had it in the past 12 months?

☐ Yes  
☐ No

Is the participant taking any medication for it?

☐ Yes  
☐ No

(If Yes) Specify the medication being used:

Cardiovascular Disease - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# HIV Core

---

Collection date for HIV information:

\_\_\_\_\_  
(DD-MM-YYYY)

## HIV TESTING

---

Has the participant ever been tested for HIV?

- ☐ Yes  
☐ No  
☐ Refused

---

When did the participant have his/her most recent HIV test?

\_\_\_\_\_  
(DD-MM-YYYY)

---

What was the result of the participant's most recent HIV test?

- ☐ Positive  
☐ Negative  
☐ Indeterminate  
☐ Never obtained results  
☐ Don't know  
☐ Refused to answer

---

Is the participant currently on HIV treatment?

- ☐ Yes  
☐ No

---

(If No) Has the participant recently (past 6 months) been on antiretroviral (ARV) treatment for HIV?

- ☐ Yes  
☐ No

---

HIV - Core Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards

# Infectious Diseases Core

Collection date for core infectious disease information:

(DD-MM-YYYY)

## SELF-REPORTED INFECTIOUS DISEASE HISTORY

Has a doctor or healthworker ever told the participant that they have tuberculosis (TB)?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

How old was the participant when diagnosed with TB?

(Provide age in years.)

Has a doctor or healthworker ever told the participant that they have malaria?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

How old was the participant when diagnosed with malaria?

(Provide age in years.)

Has a doctor or healthworker ever told the participant that they have sleeping sickness?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

How old was the participant when diagnosed with sleeping sickness?

(Provide age in years.)

Has a doctor or healthworker ever told the participant that they have hepatitis A?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

How old was the participant when diagnosed with hepatitis A?

(Provide age in years.)

Has a doctor or healthworker ever told the participant that they have hepatitis B?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

How old was the participant when diagnosed with hepatitis B?

(Provide age in years.)

---

Has a doctor or healthworker ever told the participant that they have hepatitis C?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

---

How old was the participant when diagnosed with hepatitis C?

\_\_\_\_\_  
(Provide age in years.)

---

Has a doctor or healthworker ever told the participant that they have measles?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

---

How old was the participant when diagnosed with measles?

\_\_\_\_\_  
(Provide age in years.)

---

Has a doctor or healthworker ever told the participant that they have chickenpox?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

---

How old was the participant when diagnosed with chickenpox?

\_\_\_\_\_  
(Provide age in years.)

---

Has a doctor or healthworker ever told the participant that they have meningitis?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

---

How old was the participant when diagnosed with meningitis?

\_\_\_\_\_  
(Provide age in years.)

---

Has a doctor or healthworker ever told the participant that they have COVID-19?

- ☐ Yes  
☐ No  
☐ Don't know  
☐ Refused

---

How old was the participant when first diagnosed with COVID-19?

\_\_\_\_\_  
(Provide age in years.)

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