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Collection date for rare disorder information:

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

## RARE DISORDERS

Has the participant ever been diagnosed with a rare disorder?

☐ Yes  
☐ No

(If Yes) Specify the rare disorder:

\_\_\_\_\_

(If Yes) Is the participant undergoing treatment for the rare disorder?

☐ Yes  
☐ No

(If Yes) Specify treatment participant is undergoing for rare disorder:

\_\_\_\_\_

Rare Disorders - Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards