

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

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H3ABioNet & H3Africa Phenotype Standards