HEALTH INFORMATION
MEHARRY MEDICAL COLLEGE/UNIVERSITY OF GHANA

Date of Exam:

☐☐ / ☐☐ / **2 0 0 5**
Month   Day   Year

Family ID: ☐☐☐☐☐☐☐

Identification Number: **G H A T R** ☐☐☐☐

Individual's Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Individual's First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A1. *ADDRESS*

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐ **State:** ☐☐ **Zip Code:** ☐☐☐☐☐

Country (If not USA): **G H A N A** ☐☐☐☐☐

Telephone Number (Including Area Code):

Home: ☐☐☐☐☐☐☐☐☐☐ Work: ☐☐☐☐☐☐☐☐☐☐

A2. *SEX*   ☐ **Male**   ☐ **Female**

A3. *RACE*   ☐ **Black (of African origin)**   ☐ **White (of European orgin)**   ☐ **Other**

☐ **Tribe**   **Please specify:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A4. *DATE OF BIRTH* (MM/DD/YYYY): ☐☐ / ☐☐ / ☐☐☐☐   **A5.** *AGE:* ☐☐

A6. *In what country were you born?* ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A7a. Mother's Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother's First Name: ☐☐☐☐☐☐☐☐☐☐☐☐

A7b. What is your mother's tribe? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A7c. Is she still alive?   ☐ **Yes**   ☐ **No**   ☐ **Unknown**

A8a. Father's Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Father's First Name: ☐☐☐☐☐☐☐☐☐☐☐☐

A8b. What is your father's tribe? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A8c. Is he still alive?   ☐ **Yes**   ☐ **No**   ☐ **Unknown**

A9. *MARITAL STATUS:*

☐ **Married**   ☐ **Living as Married**   ☐ **Widowed**   ☐ **Divorced**   ☐ **Separated**   ☐ **Never Married**

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Family ID: ☐☐☐☐☐☐☐ **Identification Number:** | G | H | A | T | R | ☐ | ☐ | ☐ |

NUMBER OF CHILDREN

A10. Total: ☐☐

A11. First Marriage: ☐☐   **A14. Fourth Marriage:** ☐☐

A12. Second Marriage: ☐☐   **A15. Non-Marriage:** ☐☐

A13. Third Marriage: ☐☐

A16a. Do you have a TWIN sister or brother?   ☐ Yes   ☐ No

A16b. Is he/she participating in this study?   ☐ Yes   ☐ No   ☐ Not Applicable

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A17a. How many brothers do you have? ☐☐
(Please check "Half" for half brothers.)

	Last Names	**First Names**	**Half**	**Age**
1.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

2.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

3.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

4.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

5.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

6.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

7.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

8.	☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐☐

How many years did you live with him? ☐☐ years   Is he still alive?   Yes ☐   No ☐   Unk ☐

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Family ID: ☐☐☐☐☐☐☐   **Identification Number:** | G | H | A | T | R | ☐ | ☐ | ☐ |

A17b. How many sisters do you have?
(Please check "Half" for half sisters.) ☐☐

	Last Names	**First Names**	**Half**	**Age**
1.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

2.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

3.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

4.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

5.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

6.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

7.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

8.			☐	

How many years did you live with her? ☐☐ years   Is she still alive? Yes ☐   No ☐   Unk ☐

A18. Education (*Highest Level*)

	# of Years
No School (enter "0")	☐☐
Primary	☐☐
Junior Secondary School	☐☐
Senior Secondary School	☐☐
Polytechnical School	☐☐
University/College	☐☐
Post Graduate	☐☐

A19. Occupation

☐ Farmer

☐ Trader

☐ Student

☐ Laborer (Unskilled)

☐ Craftsman (Skilled Labor) Specify:_____

☐ Office Worker

☐ Professional Specify:_____

☐ Unemployed

☐ Other Specify:_____

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Family ID: ☐☐☐☐☐☐☐   **Identification Number:** | G | H | A | T | R | ☐ | ☐ | ☐ |

GENERAL HEALTH HISTORY
Has a doctor ever told you that you have had:

AGE

B1. Heart attack (taken to hospital)   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B2. Heart pain (angina, medication prescribed)   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B3. Heart bypass surgery   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B4. Stroke   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B5. High blood pressure (medication prescribed)   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B6. High blood cholesterol   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B7. Diabetes   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B8. If YES to B7, was insulin prescribed?   ☐ Yes   ☐ No   ☐ Not Sure ☐☐

B9. Cancer (not skin cancer)   ☐ Yes   ☐ No   ☐ Not Sure ☐☐
     What kind? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Because of high blood pressure have you ever taken medication:

B10. a) Prescription 1: ☐ Yes   ☐ No
     If **YES**, age when told: ☐☐☐   Name of medication: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

     Are you currently taking this medication? ☐ Yes   ☐ No

     If yes/no, how long ago did you start/stop taking it? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

B10. b) Prescription 2: ☐ Yes   ☐ No
     If **YES**, age when told: ☐☐☐   Name of medication: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

     Are you currently taking this medication? ☐ Yes   ☐ No

     If yes/no, how long ago did you start/stop taking it? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

B11. Are you currently taking any medication other than those above? ☐ Yes   ☐ No
     Name(s) of Current Medication:

1. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ For how long? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

2. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ For how long? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

3. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ For how long? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

4. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ For how long? ☐☐ year(s) ☐☐ month(s) ☐☐ day(s)

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Family ID: ☐☐☐☐☐☐☐   **Identification Number:** | **G** | **H** | **A** | **T** | **R** |☐☐☐☐

MEDICAL EXAM

Height: ☐☐☐ CM.   **Weight:** ☐☐☐.☐☐ KGS.

Blood Pressure   **1st Systolic (SBP):** ☐☐☐   **1st Diastolic (DBP):** ☐☐☐   **1st Pulse:** ☐☐☐
(required)   (required)   (required)

2nd Systolic (SBP): ☐☐☐   **2nd Systolic (DBP):** ☐☐☐   **2nd Pulse:** ☐☐☐
(optional)   (optional)   (optional)

TOBACCO USAGE

Smoker/Tobacco User: ☐ Yes   ☐ No

Type of Tobacco:
☐ A)Cigarettes--------------------------------   Quantity (Cigarettes/Day): ☐☐☐ /Day
☐ B)Pipe---   Quantity (Pipes/Day): ☐☐☐ /Day
☐ C)Cigars--------------------------------------   Quantity (Number/Day): ☐☐☐ /Day
☐ D) Other types of tobacco ----- Type: ☐☐☐☐☐   Amount: ☐☐☐ /Day

SAMPLE INFORMATION

DNA: ☐ Yes   ☐ No   **Date Isolated:** ☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

Storage Location: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Plasma: ☐ Yes   ☐ No   **Date Isolated:** ☐☐ / ☐☐ / ☐☐☐☐
Month   Day   Year

Storage Location: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

METABOLIC PARAMETERS

Total Cholesterol ☐☐☐.☐ mg/dl   **Triglycerides** ☐☐☐.☐ mg/dl

LDL ☐☐☐.☐ mg/dl   **Fasting Glucose** ☐☐☐.☐ mg/dl

HDL ☐☐☐.☐ mg/dl

Notes:

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