### A1. ADDRESS

<table>
<thead>
<tr>
<th>City:</th>
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<th>State:</th>
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<th>Zip Code:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>G H A N A</td>
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</tbody>
</table>

#### Telephone Number (Including Area Code):
- Home:   
- Work:   

### A2. SEX
- [ ] Male  
- [ ] Female

### A3. RACE
- [ ] Black (of African origin)  
- [ ] White (of European origin)  
- [ ] 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:   
### A7b. What is your mother's tribe?   
### A7c. Is she still alive?  
- [ ] Yes  
- [ ] No  
- [ ] Unknown

### A8a. Father's Last 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
### NUMBER OF CHILDREN

<table>
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<tr>
<th>A13. Third Marriage:</th>
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</table>

A16a. Do you have a TWIN sister or brother?  □ Yes  □ No  □ Not Applicable
A16b. Is he/she participating in this study?  □ Yes  □ No  □ Not Applicable

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

<table>
<thead>
<tr>
<th>Last Names</th>
<th>First Names</th>
<th>Half</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Last Names</th>
<th>First Names</th>
<th>Half</th>
<th>Age</th>
<th>How many years did you live with her?</th>
<th>Is she still alive?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes    No Unk</td>
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<td></td>
<td>Yes    No Unk</td>
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<td>Yes    No Unk</td>
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<td>Yes    No Unk</td>
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<td>Yes    No Unk</td>
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<td>Yes    No Unk</td>
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<td>Yes    No Unk</td>
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<td></td>
<td></td>
<td>Yes    No Unk</td>
</tr>
</tbody>
</table>

### A18. Education (Highest Level)

- 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:
GENERAL HEALTH HISTORY

Has a doctor ever told you that you have had:

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)
   What kind? □ Yes □ No □ Not Sure

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)
### MEDICAL EXAM

<table>
<thead>
<tr>
<th>Height:</th>
<th>CM.</th>
<th>Weight:</th>
<th>KGS.</th>
</tr>
</thead>
</table>

**Blood Pressure**

<table>
<thead>
<tr>
<th>1st Systolic (SBP):</th>
<th>1st Diastolic (DBP):</th>
<th>1st Pulse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(required)</td>
<td>(required)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Systolic (SBP):</th>
<th>2nd Systolic (DBP):</th>
<th>2nd Pulse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(optional)</td>
<td>(optional)</td>
<td></td>
</tr>
</tbody>
</table>

### TOBACCO USAGE

**Smoker/Tobacco User:** ☐ Yes  ☐ No

**Type of Tobacco:**

- ☐ A) Cigarettes
- ☐ B) Pipe
- ☐ C) Cigars
- ☐ D) Other types of tobacco

**Quantity:**

<table>
<thead>
<tr>
<th>Quantity (Cigarettes/Day):</th>
<th>Quantity (Pipes/Day):</th>
<th>Quantity (Number/Day):</th>
</tr>
</thead>
<tbody>
<tr>
<td>/Day</td>
<td>/Day</td>
<td>/Day</td>
</tr>
</tbody>
</table>

### SAMPLE INFORMATION

**DNA:** ☐ Yes  ☐ No

**Date Isolated:** [ ] / [ ] / [ ]

**Storage Location:**

---

**Plasma:** ☐ Yes  ☐ No

**Date Isolated:** [ ] / [ ] / [ ]

**Storage Location:**

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### METABOLIC PARAMETERS

<table>
<thead>
<tr>
<th>Total Cholesterol:</th>
<th>Triglycerides:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] . [ ] mg/dl</td>
<td>[ ] . [ ] mg/dl</td>
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<table>
<thead>
<tr>
<th>LDL:</th>
<th>Fasting Glucose:</th>
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</thead>
<tbody>
<tr>
<td>[ ] . [ ] mg/dl</td>
<td>[ ] . [ ] mg/dl</td>
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<table>
<thead>
<tr>
<th>HDL:</th>
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<tbody>
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<td>[ ] . [ ] mg/dl</td>
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**Notes:**

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