

1.01 PROBIT hospital ID |_|_| 1.02 PROBIT subject ID: |_|_|_|_|
1.03 PROBIT participant's date of birth (DD/MM/YYYY): |_|_|/|_|_|/1|9|9|_|_|

2.01 _____ (PROBIT participant name)

Please tick the appropriate box ☒ if participant agrees to the following:

Participant consents to:

2.02	1. Provide his/her exam scores	Yes ☐	No ☐
2.03	2. Provide his/her contact details	Yes ☐	No ☐
2.04	3. Provide details of his/her close contact(s)*	Yes ☐	No ☐
2.05	4. Any of his/her measurements and questionnaire information collected for the PROBIT study being shared in anonymised form, excluding personal information (name, address, date of birth), with other researchers.	Yes ☐	No ☐

2.06 OR: 5. Participant would like to opt-out of this phase of the study Yes ☐

3.01 Signed at participant's direction by (pediatrician) _____ PROBIT pediatrician (signature)

3.02 Name _____ PROBIT pediatrician (print name)

3.03 Today's date |_|_|/|_|_|/|_|_|_|_| (day/month/year)

3.04 Time |_|_|:|_|_|/ (24 hour clock)

*The PROBIT Participant confirms that he/she has or will seek permission from the person(s) named below for them to be an alternative contact for him/her for the PROBIT study; for the study to store their details and to contact them only if the study is unable to reach him/her.

If the participant opts out of this phase of the study (consent #5), do not complete pages 2-4.

Filled out by the pediatrician ONLY if the participant gives consent to provide this information (#1)

Participant's school exams scores

Please indicate which of the following applies to the participant.

4.01 Participant has obtained: **Please tick the appropriate box ☒**

4.02 9 years of schooling **Yes ☐** **No ☐**

4.03 Vocational school certificate **Yes ☐** **No ☐**

4.04 Secondary school certificate **Yes ☐** **No ☐**

Participant is currently:

4.05	In the Army/Armed forces	Yes ☐	No ☐
4.06	Attending vocational training school	Yes ☐	No ☐
4.07	Attending Secondary school	Yes ☐	No ☐
4.08	Attending University/further education	Yes ☐	No ☐
4.09	Working/looking for work/a career /other	Yes ☐	No ☐

4.10 If participant has 9 years of schooling, what was his/her average exam score:

4.10b

Not applicable

☐

Don't know

☐

4.11 Is child reporting this exam score from memory, or from the official score report?

Memory

☐

Official score report

☐

4.12 If you have 11 years of schooling, please tell us your average exam score:

4.12b

Not applicable

☐

Don't know

☐

4.13 Is child reporting this exam score from memory, or from the official score report?

Memory

☐

Official score report

☐

Filled out by the pediatrician ONLY if the participant gives consent to provide this information (#2)

PROBIT Participant's current contact details:

What is participant's current name and date of birth:

5.01 First name _____

5.02 Patronymic or
middle name _____

5.03 Last name _____

5.04 Date of birth |_|_|_|/|_|_|_|/|_|_|_| (day/month/year)

5.05 Change in name? Yes ☐₁ No ☐₂ (If no change, skip to #5.08)

Previous name if changed:

5.06 First name _____

5.07 Last name _____

Participant's current address and contact details:

5.08 House number _____

5.09 Road/street _____

5.10 Town/city _____

5.11 District _____

5.12 Area Code _____

5.13 Country _____

5.14 Home Tel _____

5.15 Mobile Tel _____

5.16 Email _____

5.17 Are you currently living in temporary or student housing? Yes ☐₁ No ☐₂ (If no, skip to #7.01)

Filled out by the pediatrician ONLY if the participant gives consent to provide this information (#2)

If the participant is living in temporary or student housing, please ask him/her to provide their permanent address and contact information and record it below. If participant plans to stay at their current address, skip to #7.01.

Details for PROBIT Participant's permanent address:

6.01 House number _____

6.02 Road/street _____

6.03 Town/city _____

6.04 District _____

6.05 Area Code _____

6.06 Country _____

6.07 Home Tel _____

Filled out by the pediatrician ONLY if the participant gives consent to provide this information (#3)

Please ask the PROBIT participant to provide us with the name and contact details of at least one person who does not live with him/her with whom he/she intends to remain in contact, such as a close friend, partner, parent, brother or sister, as well as his or her home address and relationship to the participant. We will only approach the close contact if we lose touch with the participant.

Details for PROBIT Participant's close contact #1:

7.01 First name _____

7.02 Last name _____

7.03 House number _____

7.04 Road/street _____

7.05 Town/city _____

7.06 District _____

7.07 Area Code _____

7.08 Country _____

7.09 Home Tel _____

7.10 Mobile Tel _____

7.11 Email _____

Contact's relationship to participant (please tick one):

7.12 Friend ☐₁ Partner ☐₂ Parent ☐₃ Sibling ☐₄ Other ☐₅ If other: _____

Filled out by the pediatrician ONLY if the participant gives consent to provide this information (#3)

Details for PROBIT Participant's close contact #2:

8.01	First name	_____
8.02	Last name	_____
8.03	House number	_____
8.04	Road/street	_____
8.05	Town/city	_____
8.06	District	_____
8.07	Area Code	_____
8.08	Country	_____
8.09	Home Tel	_____
8.10	Mobile Tel	_____
8.11	Email	_____

Contact's relationship to participant (please tick one):

8.12 Friend ☐₁ Partner ☐₂ Parent ☐₃ Sibling ☐₄ Other ☐₅ If other: _____

Please thank the PROBIT participant for his/her time.