



## HEROS Registration Form

We thank you and your family for participating in the HEROS study. Next, you will identify the family members who will be enrolled in the study and who agree to have regular study procedures completed. Next you will answer a simple questionnaire about yourself and everyone who is participating in this study. Based on this information you will receive a brief questionnaire to complete about your family.

Please select the study in which your child is currently enrolled. *(This is the study team who invited you to take part in the HEROS study.)*

Asthma Following RSV Exposure Study - Vanderbilt University-Nashville, TN  
CHIME (Childhood Microbiome) - Mass General Hospital-Boston, MA  
COAST (Childhood Origins of Asthma) - University of Wisconsin-Madison-Madison, WI  
EPI (Early Peanut Introduction) - Johns Hopkins University-Baltimore, MD  
ICAC-Boston University School of Medicine-Boston, MA  
ICAC-Children's Hospital Colorado-Denver, CO  
ICAC-Children's National Health System-Washington, DC  
ICAC-Columbia University Medical Center-New York, NY  
ICAC-Cincinnati Children's Hospital-Cincinnati, OH  
ICAC-Henry Ford Health System-Detroit, MI  
ICAC-Johns Hopkins University-Baltimore, MD  
ICAC-UT Southwestern Medical School-Dallas, TX  
ICAC-St. Louis Children's Hospital-St. Louis, MO  
INSPIRE (Infant Susceptibility to Pulmonary Infections and Asthma following RSV Exposure) - Vanderbilt University-Nashville, TN  
MAP (Mobility Asthma Project) - Johns Hopkins University-Baltimore, MD  
MPAACH (Mechanisms of Progression of Atopic Dermatitis to Asthma in Children) - Cincinnati Children's Hospital-Cincinnati, OH  
WHEALS - Henry Ford Health System-Detroit, MI  
WIND (Wheezing Index) - Mass General Hospital-Boston, MA  
WISC (Wisconsin Infant Study Cohort) - University of Wisconsin-Madison, Madison, WI

**Up to two caregivers and one sibling may also participate in this study. All family members must live in the same home as the enrolled child. All questionnaires should be completed by one family member enrolled in the study for all participating family members.**

What is the main cell phone number that will be used for receiving study related text messages? (Enter the area code followed by the 7-digit phone number.)

What is a secondary cell phone number that can be used for receiving study related text messages? (Enter the area code followed by the 7-digit phone number.)

What is the main email address that will be used for receiving messages related to the study?

What is the street address where you can receive deliveries containing the supplies for study sample collection? (Enter the street address, city, state, and zip code.)

What is your mailing address (either a P.O. box or street address)?

- Same as address entered above

Do you have internet access and/or a smart phone with the ability to access the internet? Yes/No

What is your preferred method of contact for study participation?

- Text message
- Email
- Phone call

What is your preferred language?

- English
- Spanish

What is your name? (You will be responsible for completing all study related questionnaires)

What is your relationship to the child enrolled in <prepopulate cohort name>?

- Mother
- Father
- Step-Mother
- Step-Father
- Brother
- Sister
- Step-Brother
- Step-Sister
- Aunt
- Uncle
- Grandmother
- Grandfather
- Other
  - Specify

What is your date of birth?

- Month/Day/Year

What is your sex? (Please check one.)

- Male
- Female
- Intersex
- Prefer Not to Answer

What is your ethnicity? (Please check one.)

- Hispanic
- Non-Hispanic
- Prefer Not to Answer

What is your race? (Please check all that apply.)

- American Indian or Alaska Native
- Asian

- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Prefer Not to Answer

\* Please confirm family member has reviewed fact sheet and agrees to participate in this study.\*

What is the name of the child enrolled in <prepopulate cohort name>?

What is their date of birth?

- Month/Day/Year

What is their sex? (Please check one.)

- Male
- Female
- Intersex
- Prefer Not to Answer

What is their ethnicity? (Please check one.)

- Hispanic
- Non-Hispanic
- Prefer Not to Answer

What is their race? (Please check all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Prefer Not to Answer

\* Please confirm family member has reviewed fact sheet and agrees to participate in this study.\*

What is the name of the enrolled family member?

What is their date of birth? <Month/Day/Year>

What is their relationship to child enrolled in <prepopulate cohort name>? <select>

<Mother, Father, Step-Mother, Step-Father, Brother, Sister, Step-Brother, Step-Sister, Aunt, Uncle, Grandmother, Grandfather, Other, specify>

What is their sex? <check one>

<Male, Female, Intersex, Prefer Not to Answer>

What is their ethnicity? <check one>

<Hispanic, Non-Hispanic, Prefer Not to Answer>

What is their race? <check all that apply>

<American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White or Caucasian, Prefer Not to Answer>

\* Please confirm family member has reviewed fact sheet and agrees to participate in this study.\*

What is the name of the enrolled family member? <enter text>

What is their date of birth? <Month/Day/Year>

What is their relationship to child enrolled in <prepopulate cohort name>? <select>

<Mother, Father, Step-Mother, Step-Father, Brother, Sister, Step-Brother, Step-Sister, Aunt, Uncle, Grandmother, Grandfather, Other, specify>

What is their sex? <check one>

<Male, Female, Intersex, Prefer Not to Answer>

What is their ethnicity? <check one>

<Hispanic, Non-Hispanic, Prefer Not to Answer>

What is their race? <check all that apply>

<American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White or Caucasian, Prefer Not to Answer>

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