1. \*Source from which medical and family history obtained? [ ]  Participant/Subject [ ]  Family, specify relation

 [ ]  Unknown

2. \*Are you (participant./subject) adopted? [ ]  Yes [ ]  No [ ]  Unknown

Indicate whether the participant’s/subject’s first and second degree relatives have a history of the following conditions.

| Condition | \*Family History? | Relationship of Family Member to Participant/ Subject[[1]](#footnote-1)(Choose all that apply from below list) | Number of AffectedFamily Members |
| --- | --- | --- | --- |
| Alzheimer’s Disease/ Dementia | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Ataxia | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Autism | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Depression | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| \*Developmental delays | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Dystonia | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Epilepsy | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Seizures without epilepsy diagnosis | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Learning disability | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Memory loss | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Muscle disease: Congenital | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Muscle disease: Acquired/postnatal onset | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Neuromuscular junction: Congenital | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Neuromuscular junction: Postnatal onset | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Peripheral neuropathy | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Schizophrenia | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Stroke | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Walking delays/ Late acquisition of walking | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Early onset neural degeneration (loss of skills) | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Mitochondrial disease | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Miscarriages and pregnancy-related complications | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Child-onset diseases | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Cerebral palsy | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Thrombotic/ clotting diseases  | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Toe walking | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Blindness | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Deafness | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Intellectual disability / mental retardation | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Known genetic syndrome | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| Other, specify: | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |

\*Element is classified as Core

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member.

Note: With the exception of \*Developmental delays which is classified as Core, Family history of medical conditions is Supplemental.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Family history – If there is a history of this condition in the first or second degree family, indicate YES, otherwise choose No, or Unknown.
* Relationship of family member to participant/subject – Select the relationship from the options of the family members listed in the “relationship” of family member to participant/subject” column. Record/choose more t han one family member, if applicable.
* Number of affected family members – Record the total number of family members affected by condition.
* Other Condition, specify – If a family member has a condition not listed, specify the condition under "Other".
* Seizures without epilepsy diagnosis – neonatal or febrile seizures should not be included in this condition
* Memory loss – should be considered relative to age-expected norms. This condition should be marked if there is an unexpected or sudden loss of memory, which may or may not be accompanied by neurological deterioration.
1. Mother;Father;Full sibling;Half sibling;Child;Maternal grandmother;Paternal grandmother;Maternal grandfather;Paternal grandfather;Maternal aunt;Paternal aunt;Maternal uncle;Paternal uncle;Maternal niece/nephew;Paternal niece/nephew;Grandchild;Maternal cousin;Paternal cousin;Great-grandchild;Other, specify; [↑](#footnote-ref-1)