1. **\***Age at Symptom Onset**:** Years
2. **\***Age of Diagnosis: Years
3. **\***First symptom experienced by the patient:

Scoliosis

Cardiomyopathy

Diabetes

Instability

Falls

Other, specify:

1. Problems during neonatal period?  Yes, specify:  No
2. Impaired physical abilities during infancy?  Yes  No
3. Delayed motor milestones? Yes, specify:  No
4. Was genetic diagnosis established\*?Yes  No
   1. If Yes,
      1. \*Genetic diagnosis confirmed by (Choose all that apply): Participant Report  Medical Record  Commerical Testing  Research Testing
      2. \*When:YYYY
      3. \*Where:

Name of clinical laboratory that performed genetic testing:

City of clinical laboratory that performed genetic testing:

Country of clinical laboratory that performed genetic testing:

* + 1. \*Result (Length of each GAA repeat on each allele; if the patient has a point mutation, provide the exact mutation):

Allele 1 GAA repeats

Allele 2 GAA repeats

Point mutation (if applicable, position and amino acid change):

1. **\***Was patient diagnosed with scoliosis?Yes  No  Unknown
   1. If Yes,
      1. Indicate degree of maximum curvature**:**
      2. Indicate location of maximum curvature:

Cervical Thoracic Lumbar Unknown/Not documented

* + 1. Indicate date of last assessment: //
    2. \*Indicate if the participant has had surgery:Yes  No  Unknown

1. Was participant’s vision affected? Yes  No  Unknown
2. Was participant’s hearing affected?  Yes  No  Unknown
3. Was participant’s speech affected\*?  Yes  No  Unknown
4. Did participant have foot surgery?  Yes  No  Unknown
5. Was participant’s ambulation status affected\*?  Yes  No  Unknown
6. Does participant use an assistive walking device? Yes  No  Unknown
   1. If Yes, indicate age when participant required assistance with walking: years

\*Element is classified as Core

## GENERAL INSTRUCTIONS

Medical history data are collected to help verify the inclusion and exclusion criteria (e.g., no history of cognitive disabilities), ensure the participant/ subject receives the appropriate care and describe the study population. Typically, the Medical History CRF captures conditions that EVER occurred at some point in time within a protocol-defined period (e.g. the last 12 months). The Medical History of Friedreich’s Ataxia CRF captures conditions specifically related to FA as opposed to the General Medical History CRF which captures conditions that occurred at some point in time within a protocol defined period.

## SPECIFIC INSTRUCTIONS

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

Additional instructions for the elements are already included on the CRF.