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

Family History Table

| Condition | Family History? | If Family History, condition type(if applicable) | Relationship of Affected Family Member toParticipant/ Subject(Choose all that apply)▼ | Number of Affected Family Members |
| --- | --- | --- | --- | --- |
| 1. Cancer
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Diabetes mellitus
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | [ ]  Type I[ ]  Type II | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Epilepsy/Seizures
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Seizures without epilepsy diagnosis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Systemic lupus erythematosus (SLE)
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Multiple Sclerosis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Muscle disease
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | [ ]  Hereditary, specify  [ ]  Inflammatory, specify | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Myasthenia gravis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Rheumatoid arthritis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Thyroid condition
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | [ ]  Hyperthyroidism[ ]  Hypothyroidism[ ]  Hashimoto’s | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Intentionally left blank
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | [ ]  Hyperthyroidism[ ]  Hypothyroidism[ ]  Hashimoto’s | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Intentionally left blank
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | [ ]  Hyperthyroidism[ ]  Hypothyroidism[ ]  Hashimoto’s | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |
| 1. Other, specify:
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | [ ]  Mother[ ]  Father[ ]  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[ ]  Other, specify | Data to be entered by site |

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member. The conditions listed are taken from the data collected for control samples in the NINDS Genetics Repository ([NINDS Human Genetics DNA and Cell Line Repository](http://ccr.coriell.org/Sections/Collections/NINDS/?SsId=10)) and may need to be modified for a particular study.

Important note: All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study.

## 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.
* Diabetes mellitus type - Select type(s) that have affected family members, of applicable.
* Muscle disease type – Select type(s) that have affected family members, if applicable. If hereditary or inflammatory, specify muscle disease.
* Thyriod condition type – Select type(s) that have affected family members, if applicable.
* 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 than one family member, if applicable.
* Number of affected family members – Record the total number of family members affected by condition.