Date Medical History Taken: mm/dd/yyyy

Does the participant/subject have a history of any medical problems/conditions in the following body systems?

No (leave rest of form blank)  Yes

Enter all significant medical history items, including surgeries, EXCEPT the problem/condition that is the focus of this study. Use only one line per description.

Use BODY SYSTEM categories for medical history:

* Constitutional symptoms (e.g., fever, weight loss)
* Eyes
* Ears, Nose, Mouth, Throat
* Cardiovascular
* Respiratory
* Gastrointestinal
* Genitourinary
* Hepatobiliary
* Musculoskeletal
* Integumentary (skin and/or breast)
* Neurological
* Psychiatric
* Endocrine
* Hematologic/Lymphatic
* Allergic/Immunologic

Table Body System Example

| Body System | Medical History Term\*  (one item per line) | Start Date  (mm/dd/yyyy) | Ongoing? | End Date  (mm/dd/yyyy) |
| --- | --- | --- | --- | --- |
| Example: Cardiovascular | Example: Hypertension | 03**/**99**/**2009 | Yes  No | This cell intentionally left blank |

Table Body System

| Body System | Medical History Term\*  (one item per line) | Start Date  (mm/dd/yyyy) | Ongoing? | End Date  (mm/dd/yyyy) |
| --- | --- | --- | --- | --- |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |
| Data to be filled in by site | Data to be filled in by site | Data to be filled in by site | Yes  No | Data to be filled in by site |

\* Element is classified as Core

The questions in the following table should be explicitly asked to ensure a complete medical history is documented for conditions commonly associated with Myotonic Dystrophy.

Table Medical History Assosciated Disease/Condition

| Associated Disease/Condition | Subject Affected?  (Yes/No) | Type | Diagnosis Date  (mm/dd/yyyy) |
| --- | --- | --- | --- |
| Thyroid Condition | Yes  No | Hypothroidism  Hyperthyroidism  Hashimoto’s | Data to be filled in by site |
| Diabetes mellitus | Yes  No | Type I  Type II | Data to be filled in by site |
| Rheumatoid Arthritis | Yes  No | This cell intentionally left blank | Data to be filled in by site |
| Systemic Lupus Erythematosus (SLE) | Yes  No | This cell intentionally left blank | Data to be filled in by site |
| Muscle Disease | Yes  No | Hereditary, specify:  Inflammatory, specify: | Data to be filled in by site |
| Epilepsy/Seizures | Yes  No | This cell intentionally left blank | Data to be filled in by site |
| Cancer | Yes  No | Type of cancer: | Data to be filled in by site |
| Other disease/condition, specify: | Yes  No | Data to be filled in by site | Data to be filled in by site |

## General Instructions

Associated conditions data are collected to describe co-morbidities associated with Myotonic Muscular Dystrophy. The form should focus on all other problems or conditions other than those related to the focus of the study.

Important note: The majority of the data elements on this CRF Module are classified as Supplemental, with the exception of Medical History Term, which is Core (i.e., strongly recommended for all Myotonic Muscular Dystrophy clinical studies to collect). Please see the Data Dictionary for element classifications.

## Specific Instructions

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

* Date medical history taken -- Record the date (and time) the medical history was taken. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.
* Does this participant/subject have…? If this question is answered NO then the rest of the form is blank. If the question is answered YES then the medical history for at least one body system should be recorded.
* Body system – Record the code number associated with the appropriate body system for each line of medical history. The numeric codes are provided for studies that will record the data on paper CRFs. In a database the body system can be used without the numeric codes.
* Condition/disease - Record one Medical History term per line. Surgeries in the medical history should also be recorded under this CDE.See the data dictionary for additional information on coding the condition using SNOMED CT. Text term to identify a Review of Systems (ROS) component that consists of one or all members of an organ system, and/or additional medical questions.
* Start date –Record the date the medical condition/disease started. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.
* Ongoing? – Check Yes or No to indicate if the medical condition/disease is still present.
* End date – If the condition is not ongoing, record the date (and time) the medical condition/disease stopped. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.