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 Affected  Family 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)