1. Past Surgical History

| Surgery # | Procedure MB = Muscle Biopsy  C= Contracture Release  T = Tracheostomy  S = Scoliosis  G = Gastrostomy  O = Other Specify | Date of Procedure (MM/YYYY) or  Age (approximate) | If applicable, Admission Date (MM/YYYY) | If applicable, Discharge Date (MM/YYYY) |
| --- | --- | --- | --- | --- |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |
|  | Data to be entered by site | Data to be entered by site | Data to be entered by site | Yes  No |

## General Instructions

This form contains data elements that are related to the participant/subject's past surgeries.

## Specific Instructions

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