1. Source from which medical and family history obtained?  Participant/Subject  Family, specify relation:  Unknown
2. Are you adopted?  Yes  No  Unknown
3. How many total number of first-degree relatives do you have?  Unknown
4. Number alive:  Unknown
5. Number deceased:  Unknown
   1. Age at death:
   2. Primary cause of death:
6. How many siblings do you have?
7. Number alive:  Unknown
8. Number deceased:  Unknown
   1. Age at death:
   2. Primary cause of death:
9. How many total number of second-degree relatives do you have?  Unknown
10. Number alive:  Unknown
11. Number deceased:  Unknown
    1. Age at death:
    2. Primary cause of death:

Indicate whether the participant/subject or his/her first or second degree blood relatives have a history of the following

conditions (Choose all that apply)

1: Medical and Family History for Cancer Table

| Condition  Cancer | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree[[1]](#footnote-1) relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree[[2]](#footnote-2) relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cancer, specify type if known: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

2: Medical and Family History for Cardio/Neuro Vascular Table

| Condition  Cardio/Neuro Vascular | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heart disease,  specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Acute Coronary Syndrome (myocardial infarction) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| High blood pressure (Hypertension) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Low blood pressure (Hypotension) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Lipid or cholesterol disorder (Dyslipidemia) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Mitral valve prolapse | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Patent Foramen Ovale (PFO)/ Right-left shunt (RLS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Cerebral aneurysm | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Intracerebral hemorrhage | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Ischemic stroke | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Extracranial aneurysm | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Coronary Vascular disease | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Peripheral vascular disease | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Raynaud’s Syndrome | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

4: Medical and Family History for Endocrine and Gastrointestinal Table

| Condition  Endocrine and Gastrointestinal | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diabetes mellitus | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Gastroparesis | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Irritable Bowel Syndrome (IBS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Thyroid Disease Specify:  Hyperthyroidism  Hypothyroidism | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Obesity | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

5: Medical and Family History for Genitourinary Table

| Condition  Genitourinary | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Painful Bladder syndrome/Interstitial Cystitis | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Endometriosis | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Polycystic Ovary Syndrome (PCOS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| (Pre)eclampsia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

6: Medical and Family History of Abuse Table

| Condition  History of Abuse | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emotional/  Verbal abuse | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Physical abuse | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Sexual abuse | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

7: Medical and Family History for Allergic/Immunologic Table

| Condition  Allergic/Immunologic | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allerg(ies) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Asthma | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Eczema | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Systemic lupus erythematosus (SLE) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Other Immunological Disorders, specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

8: Medical and Family History for Musculo-Skeletal Table

| Condition  Musculo-Skeletal | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Arthritis (if type of arthritis known, specify type in comments section) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Fibromyalgia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Muscle disease | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

9: Medical and Family History for Neurological Table

| Condition  Neurological | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Autism | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Alzheimer’s Disease | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Amyotrophic Lateral Sclerosis (ALS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Ataxia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Chronic ataxia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Dementia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Dystonia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Epilepsy | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Mild Cognitive Decline (Memory Loss) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Developmental delays | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Multiple Sclerosis (MS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Restless Leg Syndrome (RLS) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Tourette’s Syndrome | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Traumatic brain injury | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Tremor | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Vertigo | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Other neurological disorder, specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

10: Medical and Family History for Psychiatric Table

| Condition  Psychiatric | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anxiety | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Bipolar | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Depression (specify type if known) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Obsessive-compulsive Disorder (OCD) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Post Traumatic Stress Disorder (PTSD) | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Schizophrenia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Suicide or suicide attempt | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

11: Medical and Family History for Substance Abuse Disorders Table

| Condition  Substance Abuse Disorders | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alcohol Use Disorder | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Illicit Substance Use Disorder | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Prescription Use Disorder | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

12: Medical and Family History for Eating Disorders Table

| Condition  Eating Disorders | Participant/ subject  self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anorexia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Bulimia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Binge eating | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

13: Medical and Family History for Sleep Table

| Condition  Sleep | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insomnia | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Sleep apnea | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Narcolepsy | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Other Sleep condition, specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

14: Medical and Family History for Other Cormorbid Conditions Table

| Condition  Other Comorbid Conditions | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other, specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

Additional Comments:

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member.

Important note: All data elements on this CRF are classified as Supplemental (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.

How many total number of first/second degree relatives do you have? – This number can be calculated with informant after enumerating relatives of each type provided in the ‘Name of Family Member with Condition” code list.

Number of first/second degree relatives alive or deceased– Provide the number of first/second degree relatives. The participant/subject should refer to the Name of Family Member with Condition code list to provide any information on each of family member that he/she has knowledge of.

Number of first/second degree relatives unknown information– If no knowledge, still list but need to discriminate the absence of disorder from lack of knowledge on presence or absence of disorder.

Participant/ subject diagnosed? – If the participant/subject has a history of this condition, indicate yes.

First/Second degree relatives (number affected/ with physician diagnosis) – If there is a history of this condition in the family, indicate the total number of relatives with a history of the condition, the number of relatives affected (patient reported diagnosis), and if the number of relatives that were diagnosed by a physician.

Comorbid conditions

Musculo-Skeletal, Arthritis – if type of arthritis known, specify type in comments section

Psychiatric, Depression – if type of depression known, specify type in comments section

History of Abuse– If there is a history of abuse, recommend referring to the NIH Toolbox, <http://www.nihtoolbox.org/default.aspx> , where there are standardized computerized measures which are well accepted in the field, as it is important to capture the tool used to diagnose abuse.

Relationship of family member(s) to participant/subject – Select the relationship from the options of the family members provided in the “Name of Family Member with Condition” code list. Record more than 1 family member, if applicable. Choose all that apply.

Other, specify fields – If a family member has a diagnosis or condition not listed, specify the diagnosis and/or condition under the "Other, specify" fields.

Additional Comments – Record any pertinent information regarding the participant/subject, and/or family in the comments filed.

1. Relationship of Family Member to Participant/Subject Codes - *First-Degree Relatives*

   1 = Biological Mother

   2 = Biological Father

   3 = Sibling Male

   4 = Sibling Female

   5 = Non-identical or dizygotic twin Male

   6 = Non-identical or dizygotic twin Female

   7 = Identical twin Male

   8 = Identical twin Female

   9 = Full biologic child Male

   10 = Full biologic child Female [↑](#footnote-ref-1)
2. Relationship of Family Member to Participant/Subject Codes - *Second-Degree Relatives*

   11 = Half-Sibling Male

   12 = Half-Sibling Female

   13 = Maternal Grandmother

   14 = Maternal Grandfather

   15= Paternal Grandmother

   16 = Paternal Grandfather

   17 = Maternal Aunt

   18 = Maternal Uncle

   19 = Paternal Aunt

   20 = Paternal Uncle

   21 = Grandchild Male

   22 = Grandchild Female

   23 = Nephew

   24 = Niece [↑](#footnote-ref-2)