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 to  Participant/ 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.