1. Date Medical History Taken**:** //20 m m dd yyyy
2. At what age was it first suspected that something might be different?

[ ]  Fetal

[ ]  At birth

[ ]  1-2 months

[ ]  3-6 months

[ ]  7-12 months

[ ]  13-24 months

[ ]  25- 36 months

[ ]  37 months – 10 years

[ ]  11 – 20 years

[ ]  21 -30 years

## Signs and Symptoms

1. Abnormal position of hands/feet: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Joint contractures: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate location:

[ ]  Elbows

[ ]  Wrists

[ ]  Fingers

[ ]  Hips

[ ]  Knees

[ ]  Ankles

[ ]  Toes

If Yes, indicate age when first noticed:

1. Joint hyperlaxity: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate location:

[ ]  Elbows

[ ]  Wrists

[ ]  Fingers

[ ]  Hips

[ ]  Knees

[ ]  Ankles

[ ]  Toes

If Yes, indicate age when first noticed:

1. Joint dislocation: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate location:

[ ]  Elbows

[ ]  Wrists

[ ]  Fingers

[ ]  Hips

[ ]  Knees

[ ]  Ankles

[ ]  Toes

If Hip dislocation: [ ]  Left [ ]  Right [ ]  Bilateral (both sides)

If Yes, indicate age when first noticed:

1. Club foot: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate location: [ ]  Left [ ]  Right [ ]  Bilateral (both feet)

1. Weakness: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Breathing problems: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Failure to thrive: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Feeding/ swallowing problems: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Constipation: [ ]  Yes [ ]  No [ ]  Unknown If Yes, indicate age when first noticed:
2. Spine abnormality: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Eye abnormality: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Cognitive abnormalities: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

1. Speech delay: [ ]  Yes [ ]  No [ ]  Unknown

If Yes, indicate age when first noticed:

## General Instructions

This case report form (CRF) contains data elements related to prenatal and perinatal history and general medical history.

The General Medical History section of the form should focus on significant medical history of all problems or conditions other than those related to the focus of the study and are presented in the order typically used during a patient visit. If the participant/ subject reports more than one medical condition per system, record each condition on a separate line.

## Specific Instructions

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

* Medical history date and time - 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.
* At what age was it first suspected that something might be different? – Choose one.