1. Past Surgical History

| Surgery # | ProcedureMB = Muscle BiopsyC= Contracture ReleaseT = TracheostomyS = ScoliosisG = GastrostomyO = 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.