1. **\***Age at Symptom Onset**:** Years
2. **\***Age of Diagnosis: Years
3. **\***First symptom experienced by the patient:

[ ]  Scoliosis

[ ]  Cardiomyopathy

[ ]  Diabetes

[ ]  Instability

[ ]  Falls

[ ]  Other, specify:

1. Problems during neonatal period? [ ]  Yes, specify: [ ]  No
2. Impaired physical abilities during infancy? [ ]  Yes [ ]  No
3. Delayed motor milestones? [ ] Yes, specify: [ ]  No
4. Was genetic diagnosis established\*?[ ] Yes [ ]  No
	1. If Yes,
		1. \*Genetic diagnosis confirmed by (Choose all that apply):[ ]  Participant Report [ ]  Medical Record [ ]  Commerical Testing [ ]  Research Testing
		2. \*When:YYYY
		3. \*Where:

Name of clinical laboratory that performed genetic testing:

City of clinical laboratory that performed genetic testing:

Country of clinical laboratory that performed genetic testing:

* + 1. \*Result (Length of each GAA repeat on each allele; if the patient has a point mutation, provide the exact mutation):

Allele 1 GAA repeats

Allele 2 GAA repeats

Point mutation (if applicable, position and amino acid change):

1. **\***Was patient diagnosed with scoliosis?[ ] Yes [ ]  No [ ]  Unknown
	1. If Yes,
		1. Indicate degree of maximum curvature**:**
		2. Indicate location of maximum curvature:

**[ ]**  Cervical **[ ]** Thoracic **[ ]** Lumbar **[ ]** Unknown/Not documented

* + 1. Indicate date of last assessment: //
		2. \*Indicate if the participant has had surgery:[ ] Yes [ ]  No [ ]  Unknown
1. Was participant’s vision affected?[ ]  Yes [ ]  No [ ]  Unknown
2. Was participant’s hearing affected? [ ]  Yes [ ]  No [ ]  Unknown
3. Was participant’s speech affected\*? [ ]  Yes [ ]  No [ ]  Unknown
4. Did participant have foot surgery? [ ]  Yes [ ]  No [ ]  Unknown
5. Was participant’s ambulation status affected\*? [ ]  Yes [ ]  No [ ]  Unknown
6. Does participant use an assistive walking device?[ ]  Yes [ ]  No [ ]  Unknown
	1. If Yes, indicate age when participant required assistance with walking: years

\*Element is classified as Core

## GENERAL INSTRUCTIONS

Medical history data are collected to help verify the inclusion and exclusion criteria (e.g., no history of cognitive disabilities), ensure the participant/ subject receives the appropriate care and describe the study population. Typically, the Medical History CRF captures conditions that EVER occurred at some point in time within a protocol-defined period (e.g. the last 12 months). The Medical History of Friedreich’s Ataxia CRF captures conditions specifically related to FA as opposed to the General Medical History CRF which captures conditions that occurred at some point in time within a protocol defined period.

## SPECIFIC INSTRUCTIONS

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

Additional instructions for the elements are already included on the CRF.