## History of Being Breast Fed

1. Did your mother breastfeed you?

Yes No (Skip to Sibship/Birth Order section) Don’t know

## Sibship/Birth Order

1. Do you have any full brothers and/or sisters, that is, those with whom you share both birth mother and father? (Please include brothers and sisters who are living or deceased, but do not include adopted, foster, half, or step brothers or sisters.)

Yes No (Skip to Question 2) Don’t know

* 1. How many full sisters do you have?
  2. How many full brothers do you have?

1. Do you have a twin brother or sister?

Yes No (Skip to Question 3) Don’t know

* 1. Are you and your twin identical or not identical?

Identical Not identical (fraternal) Don’t know

1. Including yourself, please identify who is the oldest of your siblings?
   1. Eldest Name:

Sex: Male Female Unknown Unspecified

* + 1. Is this brother/sister still living?

Yes No Respondent Don’t know (Skip to Question 4)

* + 1. If “Yes”, please identify how old this brother/sister is now? years
    2. If “No”, please identify how old this brother/sister was when s/he died?

Days Weeks Months Years

* 1. 2nd Eldest Name:

Sex: Male Female Unknown Unspecified

* + 1. Is this brother/sister still living?

Yes No Respondent Don’t know (Skip to Question 4)

* + 1. If “Yes”, please identify how old this brother/sister is now? years
    2. If “No”, please identify how old this brother/sister was when s/he died?

Days Weeks Months Years

## Preschool Attendance

1. As a child, did you attend day care outside of your home?

Yes No (Skip to Question 2)

* 1. If “Yes”, in what month and year did the child begin and end the first (next) attendance?
     1. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     2. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     3. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     4. About how many hours per week does child attend? (hours)

1. As a child, did you attend preschool?

Yes No (End Questionnaire)

* 1. If “Yes”, in what month and year did the child begin and end the first (next) attendance?
     1. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     2. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     3. Start: / (m m/yyyy) Stop: / (m m/yyyy)
     4. About how many hours per week does child attend? (hours)

## Birthweight

1. What best describes your weight at birth?

Underweight Average weight Overweight Unknown

1. Were you told by a doctor or one of your parents that you were born premature?

Yes No Don’t know

## General Instructions

This CRF contains data that is to be collected when studying early exposure to Huntington disease (HD).

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for Huntington’s disease clinical studies to collect if epidemiology/environmental studies are performed). 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. Please see the Data Dictionary for element classifications.

## Specific Instructions

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

The CRF footer includes all instructions available for the data elements at this time.