## 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.