1. Indicate whether the participant/subject’s first and second degree blood relatives have a history of the following conditions.

Table 1: Family History

| Condition | Family History? | Relationship of Family Member to Participant/ Subject(Choose all that apply)[[1]](#footnote-1) | Number of Affected Family Members |
| --- | --- | --- | --- |
| 1. Alzheimer’s disease
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Amyotrophic lateral sclerosis (ALS)
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Ataxia
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Autism
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Bi-polar
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Cancer
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Depression
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Developmental delays
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Diabetes mellitus
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Dystonia
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Epilepsy
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Seizures without epilepsy diagnosis
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Headaches
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Heart disease
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Learning disability
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Memory loss
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Multiple sclerosis
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Muscle disease
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Neuromuscular junction
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Peripheral neuropathy
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Parkinson’s disease
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Schizophrenia
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Suicide or suicide attempt
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Stroke
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Tourette syndrome
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Other, specify:
 | [ ]  Yes [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |

 Mother, Father, Sibling, Half sibling, Child, Maternal grandmother, Paternal grandmother, Maternal grandfather, Paternal grandfather, Maternal Aunt, Paternal Aunt, Maternal Uncle, Paternal Uncle, Maternal niece/nephew, Paternal niece/nephew, Grandchild, Other, specify

1. If there is a family history of Myotonic Muscular Dystrophy, complete the table below.

Table 2: Family History of Myotonic Muscular Dystrophy

| Relative Relationship of Family Member to Participant/ Subject | Diagnosed? | Age when diagnosed? | Deceased? | Current Age or Age at Death (if applicable) | Cause of Death? |
| --- | --- | --- | --- | --- | --- |
| (Choose all that apply from list below)[[2]](#footnote-2) | [ ]  Clinical Diagnosis[ ]  Genetic Testing[ ]  Muscle Biopsy[ ]  Obligate carrier based on family structure [ ]  Don’t know/ Unsure[ ]  Not applicable | Years: [ ]  Unknown | [ ]  Yes[ ]  No | Years:[ ]  Not applicable | [ ]  Not applicable |

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member.

## Specific Instructions

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

* Family history – If there is a history of this condition in the first or second degree family, indicate YES, otherwise choose NO.
* Relationship of family member to participant/subject - Select the relationship from the options of the family members listed in the “relationship of family member to participant/subject” column. Record/choose more than one family member, if applicable.
* Number of affected family members – Record the total number of family members affected by condition.
1. Mother, Father, Sibling, Half sibling, Child, Maternal grandmother, Paternal grandmother, Maternal grandfather, Paternal grandfather, Maternal Aunt, Paternal Aunt, Maternal Uncle, Paternal Uncle, Maternal niece/nephew, Paternal niece/nephew, Grandchild, Other, specify [↑](#footnote-ref-1)
2. Mother, Father, Sibling, Half sibling, Child, Maternal grandmother, Paternal grandmother, Maternal grandfather, Paternal grandfather, Maternal Aunt, Paternal Aunt, Maternal Uncle, Paternal Uncle, Maternal niece/nephew, Paternal niece/nephew, Grandchild, Other, specify [↑](#footnote-ref-2)