## Early Life Nutrition

1. Breastfed? [ ]  Yes [ ]  No [ ]  Unknown
	1. If Yes, indicate duration: months
2. Formula fed? [ ]  Yes [ ]  No [ ]  Unknown
	1. If Yes, indicate duration: months and formula type:

## Early Development

1. Did patient:
	1. Walk by 17 months old? [ ]  Yes [ ]  No [ ]  Unknown
	2. Speak his/her first words by 12 months? [ ]  Yes [ ]  No [ ]  Unknown
	3. Speak in two-word combinations by 2 years? [ ]  Yes [ ]  No [ ]  Unknown
	4. Speak in completed sentences by 3 years? [ ]  Yes [ ]  No [ ]  Unknown
	5. Have a cognitive/learning disability? [ ]  Yes [ ]  No [ ]  Unknown
	6. Attend a day care group (with > 5 other children)? [ ]  Yes [ ]  No [ ]  Unknown
2. Has participant/subject ever had a menstrual period? [ ]  Yes [ ]  No [ ]  N/A – male
	1. If so, youngest age the female participant/subject had a menstrual period? years

## Educational History

1. Type of educational services received:

[ ]  Special education

[ ]  Regular education

[ ]  Early intervention

[ ]  None

[ ]  Unknown

1. Has the participant/subject ever repeated a grade in school?

[ ]  Yes [ ]  No [ ]  Unknown

## Cognitive

1. Indicate patient’s cognitive status with regards to education:

**[ ]**  Above average (receives mostly As in school)

**[ ]**  Normal (functions well in school, receives mostly Bs, Cs)

**[ ]**  Minimal difficulty (struggling but obtains passing grades)

**[ ]**  Moderate difficulty (needs assistance with school work such as an Educational Assistant)

**[ ]**  Special needs class setting, actively participating in learning

**[ ]**  Severe (unable to function in regular classroom even in special class setting, not an active participant in learning activities)

**[ ]**  Limited cognition (unrelated to demyelination or predates demyelination)

**[ ]**  N/A (patient is too young for school)

**[ ]**  Unknown

## Vaccinations

Table for Vaccination Records

| Vaccine | Did patient receive this vaccine? | Hospitalized? |
| --- | --- | --- |
| Routine: Measles, mumps, rubella | [ ]  Yes [ ]  No[ ]  Unknown [ ]  Not Asked | [ ]  Yes, specify:[ ]  No |
| Routine: Tetanus, pertussis, diptheria, polio | [ ]  Yes [ ]  No[ ]  Unknown [ ]  Not Asked | [ ]  Yes, specify:[ ]  No |
| Hepatitis B | [ ]  Yes [ ]  No[ ]  Unknown [ ]  Not Asked | [ ]  Yes, specify:[ ]  No |
| Haemophilus Influenza Type B | [ ]  Yes [ ]  No[ ]  Unknown [ ]  Not Asked | [ ]  Yes, specify:[ ]  No |
| Chicken Pox Vaccine | [ ]  Yes [ ]  No[ ]  Natural infection, specify age: yrs[ ]  Unknown [ ]  Not Asked | [ ]  Yes, specify:[ ]  No |
| Vaccination within one month of 1st demyelinating attack | [ ]  Yes, specify:[ ]  No [ ]  Unknown[ ]  Not Asked | [ ]  Yes, specify: [ ]  No |

### General Instructions

NOTE:This CRF only includes data points unique to the pediatric MS population OR data elements phrased differently for a pediatric MS population.

This CRF can be completed by self-report with or without verification by a clinician or from clinical records.

All elements on this CRF are classified as Supplemental and should be collected if the research team considers them appropriate for their study.

### Specific Instructions

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

* Cognitive – Complete according to last year in education and utilize grades reported on report cards from the past year.
* Vaccinations – Record from vaccination record where possible. For vaccines which require more than one immunization, yes refers to completion of all immunizations required for participant/subject’s current age.