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

Table to Record First and Second Blood Relatives Medical History

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

## 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.

Investigators may also want to consider using the, “My Family Health Portrait” tool available via: [My Family Health Portrait](https://familyhistory.hhs.gov/fhh-web/home.action)

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)