Date Medical History Taken\*: mm/ dd/ yyyy

Date at diagnosis\*: mm/ dd/ yyyy OR Age at diagnosis\*: [ ]  years [ ]  months [ ]  weeks [ ]  days [ ]  hours (choose one only)

Date at first symptom\*: mm/ dd/ yyyy OR Age at first symptom: [ ]  years [ ]  months [ ]  weeks [ ]  days [ ]  hours (choose one only)

Has participant participated in prior clinical trials\*? [ ]  Yes [ ]  No

Indicate if the participant/subject currently has or had a history of the medical conditions listed below.

Table 1 Medical Condition History Table

| Medical Condition | Start Date(mm/dd/yyyy)Age (approximate) | Ongoing?\* | If no, indicate End Date\*(m m/dd/yyyy)ORAge (approximate) |
| --- | --- | --- | --- |
| Cardiac Arrhythmia | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Cardiomyopathy | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Cognitive Impairment, not otherwise specified | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Constipation | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Contractures | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Delayed Puberty | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Fractures | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Kidney Stones | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Mental Retardation(Full Scale IQ , 70 documented) | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Psychiatric Disorder (e.g. attention deficient hyperactivity disorder, anxiety, autism/ autism spectrum, depression, obsessive compulsive disorder) | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Obesity | mm/dd/yyyy | [ ]  Yes [ ]  No | mm/dd/yyyy |
| Osteoporosis | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Pneumonia | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Respiratory Insufficiency | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Scoliosis | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Skin Breakdown | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |
| Other | mm/dd/yyyy | [ ]  Yes[ ]  No | mm/dd/yyyy |

\*Element is classified as Core

## General Instructions

Medical History data are collected to verify the inclusion and exclusion criteria (e.g., no history of cognitive disabilities) and to describe the study population. Typically, the Medical History Form captures conditions that EVER occurred at some point in time within a protocol-defined period (e.g., the last 12 months).

## Specific Instructions

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

* Start Date –Record the date the medical condition/disease began. The date will be recorded as a 3-part date in the database.
* If No, Stop Date – Record the date the medical condition/disease stopped. The date will be recorded as a 3-part date in the database. For surgeries, start and stop dates will most likely be the same date.