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

| 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 |
| --- | --- | --- | --- |
| 1. Alzheimer’s Disease/ Dementia
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Amyotrophic Lateral Sclerosis
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Ataxia
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Autism
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Bi-polar
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Cancer
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Depression
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Developmental Delays\*
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Diabetes
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Duchenne Muscular Dystrophy or Becker Muscular Dystrophy
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Dystonia
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Epilepsy Seizures\*
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Headaches
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Heart Disease
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Learning Disability
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Memory Loss
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Multiple Sclerosis
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Muscle Disease\* (not Duchenne Muscular Dystrophy or Becker Muscular Dystrophy)
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Neuromuscular Disease
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Peripheral Neuropathy
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Parkinson’s disease
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Schizophrenia
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Stroke
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Suicide/Attempt
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Tourette syndrome
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |
| 1. Other, specify:
 | [ ]  Yes [ ]  No [ ]  No[ ]  Unknown/ Uncertain | Data to be entered by site | Data to be entered by site |

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

| Relative Relationship of Family Member to Participant/ Subject\* 1(Choose all that apply from list below) | Diagnosed? | Age when diagnosed?(Years) | Deceased? | Current Age or Age at Death (if applicable)(in years) | Cause of Death? |
| --- | --- | --- | --- | --- | --- |
|  | [ ]  Clinical Diagnosis[ ]  Genetic Testing [ ]  No[ ]  Muscle Biopsy[ ]  Obligate carrier based on family structure [ ]  Don’t know/ Unsure [ ]  No[ ]  Not applicable | (Years)[ ]  Unknown | [ ]  Yes[ ]  No | Data to be entered by site | Data to be entered by site |
|  | [ ]  Clinical Diagnosis[ ]  Genetic Testing [ ]  No[ ]  Muscle Biopsy[ ]  Obligate carrier based on family structure [ ]  Don’t know/ Unsure [ ]  No[ ]  Not applicable | (Years)[ ]  Unknown | [ ]  Yes[ ]  No | Data to be entered by site | Data to be entered by site |

## 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.

* Other Condition, specify – If a family member has a condition not listed, specify the condition under "Other".
* Family History? – If there is a history of this condition in the family, indicate yes.
* Relationship of Family Member to Participant/Subject – Select the relationship from the options of the family members listed in the “Name of Family Member with Condition” column. Record more than 1 family member, if applicable.
* Number of Family Members – Enter total number of family members affected by the condition.
* Cause(s) of Death – Record the cause or causes of death using explanatory text and the associated ICD-9-CM code. Include the primary cause of death first followed by any secondary causes.
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)