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)