## 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.