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

Table 1: Family History

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

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

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

Table 2: Family History of FSHD

| Relative Relationship of Family Member to Participant/ Subject | Diagnosed? | Age when diagnosed? | Deceased? | Current Age or Age at Death (if applicable) | Cause of Death? |
| --- | --- | --- | --- | --- | --- |
| (Choose all that apply from list below)[[2]](#footnote-2) | Clinical Diagnosis  Genetic Testing  Muscle Biopsy  Obligate carrier based on family structure  Don’t know/ Unsure  Not applicable | Years:  Unknown | Yes  No | Years:  Not applicable | Not applicable |

## 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. Unknown response should be used if uncertain about family history.
* 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.

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)
2. 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-2)