1. Source from which medical and family history obtained? [ ]  Participant/Subject [ ]  Family, specify relation: [ ]  Unknown
2. Are you adopted? [ ]  Yes [ ]  No [ ]  Unknown
3. How many total number of first-degree relatives do you have? [ ]  Unknown
4. Number alive: [ ]  Unknown
5. Number deceased: [ ]  Unknown
	1. Age at death:
	2. Primary cause of death:
6. How many siblings do you have?
7. Number alive: [ ]  Unknown
8. Number deceased: [ ]  Unknown
	1. Age at death:
	2. Primary cause of death:
9. How many total number of second-degree relatives do you have? [ ]  Unknown
10. Number alive: [ ]  Unknown
11. Number deceased: [ ]  Unknown
	1. Age at death:
	2. Primary cause of death:

Indicate whether the participant/subject or his/her first or second degree blood relatives have a history of the following

conditions (Choose all that apply)

1: Medical and Family History for Cancer Table

| ConditionCancer | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree[[1]](#footnote-1) relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree[[2]](#footnote-2) relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cancer, specify type if known: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

2: Medical and Family History for Cardio/Neuro Vascular Table

| ConditionCardio/Neuro Vascular | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heart disease,specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Acute Coronary Syndrome (myocardial infarction) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| High blood pressure (Hypertension) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Low blood pressure (Hypotension) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Lipid or cholesterol disorder (Dyslipidemia) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Mitral valve prolapse | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Patent Foramen Ovale (PFO)/ Right-left shunt (RLS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Cerebral aneurysm | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Intracerebral hemorrhage | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Ischemic stroke | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Extracranial aneurysm | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Coronary Vascular disease | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Peripheral vascular disease | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Raynaud’s Syndrome | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

4: Medical and Family History for Endocrine and Gastrointestinal Table

| ConditionEndocrine and Gastrointestinal | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diabetes mellitus | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Gastroparesis | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Irritable Bowel Syndrome (IBS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Thyroid Disease Specify:HyperthyroidismHypothyroidism | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Obesity | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

5: Medical and Family History for Genitourinary Table

| ConditionGenitourinary | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Painful Bladder syndrome/Interstitial Cystitis | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Endometriosis | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Polycystic Ovary Syndrome (PCOS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| (Pre)eclampsia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

6: Medical and Family History of Abuse Table

| ConditionHistory of Abuse | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emotional/Verbal abuse | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Physical abuse | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Sexual abuse | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

7: Medical and Family History for Allergic/Immunologic Table

| ConditionAllergic/Immunologic | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allerg(ies) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Asthma | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Eczema | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Systemic lupus erythematosus (SLE) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Other Immunological Disorders, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

8: Medical and Family History for Musculo-Skeletal Table

| ConditionMusculo-Skeletal | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Arthritis (if type of arthritis known, specify type in comments section) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Fibromyalgia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Muscle disease | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

9: Medical and Family History for Neurological Table

| ConditionNeurological | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Autism | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Alzheimer’s Disease | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Amyotrophic Lateral Sclerosis (ALS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Ataxia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Chronic ataxia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Dementia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Dystonia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Epilepsy | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Mild Cognitive Decline (Memory Loss) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Developmental delays | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Multiple Sclerosis (MS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Restless Leg Syndrome (RLS) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Tourette’s Syndrome | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Traumatic brain injury | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Tremor | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Vertigo | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Other neurological disorder, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

10: Medical and Family History for Psychiatric Table

| ConditionPsychiatric | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anxiety | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Bipolar | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Depression (specify type if known) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Obsessive-compulsive Disorder (OCD) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Post Traumatic Stress Disorder (PTSD) | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Schizophrenia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Suicide or suicide attempt | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

11: Medical and Family History for Substance Abuse Disorders Table

| ConditionSubstance Abuse Disorders | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alcohol Use Disorder | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Illicit Substance Use Disorder | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Prescription Use Disorder | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

12: Medical and Family History for Eating Disorders Table

| ConditionEating Disorders | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anorexia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Bulimia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Binge eating | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

13: Medical and Family History for Sleep Table

| ConditionSleep | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insomnia | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Sleep apnea | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Narcolepsy | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |
| Other Sleep condition, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

14: Medical and Family History for Other Cormorbid Conditions Table

| ConditionOther Comorbid Conditions | Participant/ subject self- reported? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other, specify: | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No[ ]  Unknown | # affected:# with physician diagnosis: | Data to be entered by site. | # affected:# with physician diagnosis: | Data to be entered by site. |

Additional Comments:

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member.

Important note: All data elements on this CRF are classified as Supplemental (should only 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.

How many total number of first/second degree relatives do you have? – This number can be calculated with informant after enumerating relatives of each type provided in the ‘Name of Family Member with Condition” code list.

Number of first/second degree relatives alive or deceased– Provide the number of first/second degree relatives. The participant/subject should refer to the Name of Family Member with Condition code list to provide any information on each of family member that he/she has knowledge of.

Number of first/second degree relatives unknown information– If no knowledge, still list but need to discriminate the absence of disorder from lack of knowledge on presence or absence of disorder.

Participant/ subject diagnosed? – If the participant/subject has a history of this condition, indicate yes.

First/Second degree relatives (number affected/ with physician diagnosis) – If there is a history of this condition in the family, indicate the total number of relatives with a history of the condition, the number of relatives affected (patient reported diagnosis), and if the number of relatives that were diagnosed by a physician.

Comorbid conditions

Musculo-Skeletal, Arthritis – if type of arthritis known, specify type in comments section

Psychiatric, Depression – if type of depression known, specify type in comments section

History of Abuse– If there is a history of abuse, recommend referring to the NIH Toolbox, <http://www.nihtoolbox.org/default.aspx> , where there are standardized computerized measures which are well accepted in the field, as it is important to capture the tool used to diagnose abuse.

Relationship of family member(s) to participant/subject – Select the relationship from the options of the family members provided in the “Name of Family Member with Condition” code list. Record more than 1 family member, if applicable. Choose all that apply.

Other, specify fields – If a family member has a diagnosis or condition not listed, specify the diagnosis and/or condition under the "Other, specify" fields.

Additional Comments – Record any pertinent information regarding the participant/subject, and/or family in the comments filed.

1. Relationship of Family Member to Participant/Subject Codes - *First-Degree Relatives*

1 = Biological Mother

2 = Biological Father

3 = Sibling Male

4 = Sibling Female

5 = Non-identical or dizygotic twin Male

6 = Non-identical or dizygotic twin Female

7 = Identical twin Male

8 = Identical twin Female

9 = Full biologic child Male

10 = Full biologic child Female [↑](#footnote-ref-1)
2. Relationship of Family Member to Participant/Subject Codes - *Second-Degree Relatives*

11 = Half-Sibling Male

12 = Half-Sibling Female

13 = Maternal Grandmother

14 = Maternal Grandfather

15= Paternal Grandmother

16 = Paternal Grandfather

17 = Maternal Aunt

18 = Maternal Uncle

19 = Paternal Aunt

20 = Paternal Uncle

21 = Grandchild Male

22 = Grandchild Female

23 = Nephew

24 = Niece [↑](#footnote-ref-2)