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)▼ | Number of Affected Family Members |
| --- | --- | --- | --- |
| 1. Alzheimer’s disease
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Amyotrophic lateral sclerosis (ALS)
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Ataxia
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Autism
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Bi-polar
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Cancer
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Depression
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. \*Developmental delays
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Diabetes mellitus
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Dystonia
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. \*\*Epilepsy
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. \*\*Seizures without epilepsy diagnosis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Headaches
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Heart disease\*
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Learning disability
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Memory loss
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Multiple sclerosis
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |

Table 2: (Cont.)

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | \*Family History? | \*Relationship of Family Member to Participant/ Subject(Choose all that apply)▼ | Number of Affected Family Members |
| 1. \*Muscle disease
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Neuromuscular junction
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. \*Peripheral neuropathy
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Parkinson’s disease
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Schizophrenia
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Suicide or suicide attempt
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Stroke
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Tourette syndrome
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |
| 1. Other, specify:
 | [ ]  Yes[ ]  No[ ]  Unknown/ Uncertain | Relationship: | #: |

\*Element is classified as Core

\*\* Elements is classified as Core for Pediatric Only

#### General Instructions

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

Note: The majority of the medical conditions are Supplemental with the exception of the following which are Core: Developmental delays; Epilepsy (pediatric only); Seizures without epilepsy diagnosis (pediatric only); Heart disease; Muscle disease; Peripheral neuropathy.

#### 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.
* 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.