## History of Being Breast Fed

1. Did your mother breastfeed you? [ ] Yes [ ] No [ ] Unknown

## Sibship/Birth Order

1. Do you have any full brother and/or sisters, that is, those with whom you share both birth mother and father? Please include brothers and sisters who are living or deceased, but do not include adopted, foster, half, or step brothers or sisters.

[ ] Yes

[ ] No (Skip to Preschool Attendance)

[ ] Unknown

* 1. How many full sisters do you have?
	2. How many full brothers do you have?
1. Do you have a twin brother or sister?[ ] Yes [ ] No (Skip to Question 3) [ ] Unknown
	1. Are you and your twin identical or not identical?[ ] Identical [ ] Not identical (fraternal) [ ] Unknown
2. Including yourself, please identify who is the oldest of your siblings?
	1. Eldest Name: Gender: [ ] Male [ ] Female [ ] Unknown [ ] Unspecified

Is this brother/sister still living? [ ] Yes [ ] No [ ] Unknown (Skip to Question 3b)

If “Yes”, please identify how old this brother/sister is now? years

If “No”, please identify how old this brother/sister was when s/he died? (specify units below)

[ ] Days [ ] Weeks [ ] Months [ ] Years

* 1. 2nd Eldest Name: Gender: [ ] Male [ ] Female [ ] Unknown [ ] Unspecified

Is this brother/sister still living? [ ] Yes [ ] No [ ] Unknown (Skip to Preschool Attendance)

If “Yes”, please identify how old this brother/sister is now? years

If “No”, please identify how old this brother/sister waswhen s/he died? (specify units below)

[ ] Days [ ] Weeks [ ] Months [ ] Years

## Preschool Attendance

1. As a child, did you attend day care outside of your home? [ ] Yes [ ] No (Skip to Question 2)
[ ] Unknown

If “Yes”, in what month and year did the child begin and end the first (next) attendance?

* 1. Start: / Stop: / m m/yyyy m m/yyyy
	2. Start: / Stop: / m m/yyyy m m/yyyy
	3. Start: / Stop: / m m/yyyy m m/yyyy
	4. About how many hours per week does child attend? (hours)
1. As a child, did you attend preschool? [ ] Yes [ ] No (End Questionnaire) [ ] Unknown

If “Yes”, in what month and year did the child begin and end the first (next) attendance?

* 1. Start: / Stop: / m m/yyyy m m/yyyy
	2. Start: / Stop: / m m/yyyy m m/yyyy
	3. Start: / Stop: / m m/yyyy m m/yyyy
	4. About how many hours per week does child attend? (hours)

## Birthweight

1. What best describes your weight at birth? [ ] Underweight [ ] Average weight [ ] Overweight [ ] Unknown
2. Were you told by a doctor or one of your parents that you were born premature? [ ] Yes [ ] No

[ ] Unknown

## General Instructions

This CRF contains data that is to be collected when studying early exposure to Parkinson’s disease (PD).

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for Parkinson’s disease clinical studies to collect if epidemiology/environmental studies are performed). All data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF footer includes all instructions available for the data elements at this time. More detailed instructions will be added in Version 5.0 of this CRF Module.

\*Recommended as Common