

[Study Name/ID pre-filled]

Site Name: \_\_\_\_\_

Date Form Completed: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Subject ID: \_\_\_\_\_

Visit: *[pre-populated by database]*

To be filled out by parent/legal guardian of participant/subject:

1. Is there a family history of any of the following? Please indicate any first or second degree blood relatives (i.e., siblings, parents, cousins, grandparents) that have/had the following conditions:

Condition	Family History?	Family Side (see key 1)	Relationship of Family Member to Participant/ Subject (See Key 2 - Choose all that apply)
a) Difficulty walking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b) Intellectual disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Contractures	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d) Muscle weakness	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Any history of consanguinity (parents distantly related to one another)?  Yes  No

3. Is there a family history of CMD to LGMD spectrum disorder?  Yes (fill out chart below)  No (end form)

Please indicate any first or second degree blood relatives (i.e., siblings, parents, cousins, grandparents) that have/had the following conditions:

Condition	Family History?	Family Side (see key 1)	Relationship of Family Member to Participant/ Subject (See Key 2 - Choose all that apply)
a) Collagen VI CMD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b) Dystroglycanopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c) Merosin deficient CMD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d) SEPN1 related myopathy (Rigid spine)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e) L-CMD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f) Alpha 7 integrin CMD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g) CMD, undiagnosed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
h) Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Key 1	Key 2			
Maternal	Mother	Brother	Daughter	Aunt
Paternal	Father	Grandmother	Son	Cousin
Unknown	Sister	Grandfather	Uncle	Other, specify

# Family History

[Study Name/ID pre-filled]

Site Name: \_\_\_\_\_

Date Form Completed: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Subject ID: \_\_\_\_\_

Visit: *[pre-populated by database]*

For each individual identified above in either table, please record the following:

Family Side/Relationship (from above)	Alive/Deceased	Year of Birth	Age at First Symptoms	Age at Death
[pre-populated field]				
[pre-populated field]				
[pre-populated field]				
[pre-populated field]				

**GENERAL INSTRUCTIONS**

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member. The conditions listed are taken from the data collected for control samples in the NINDS Genetics Repository (<http://ccr.coriell.org/Sections/Collections/NINDS/?SsId=10>) and may need to be modified for a particular study.

**SPECIFIC INSTRUCTIONS**

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

- **Other Condition, specify** – If a family member has a condition not listed, specify the condition under "Other".
- **Family History?** – If there is a history of this condition in the family, indicate yes.
- **Family Side** – Select the family side (i.e., maternal, paternal, unknown) of the individual with the condition. Choose only one.
- **Relationship of Family Member to Participant/Subject** – Select the relationship from the options of the family members listed in the "Name of Family Member with Condition" column. Record more than 1 family member, if applicable.
- **Alive/Deceased** – Record if the individual is alive or deceased
- **Year of Birth** – Record the year the individual was born using the format YYYY. If unknown, record as "9999"
- **Age at first symptoms** – Record the age in years the individual first experienced symptoms of the condition. If unknown, record as "UNK"
- **Age at Death** – Record the age in years the individual died using the format YYYY. If unknown, record as "9999".