Site ID			Subject ID



#### **UCSF REGIONAL PEDIATRIC MS CENTER**

# Registration

The following questions relate to the child who has an appointment to be seen at the UCSF Regional Pediatric MS Center (referred to as "The Child" in the questions that follow). Please complete this form prior to your appointment. If you are unsure about an answer to any question, please leave it blank. The clinic staff will review the answers with you during your visit and will help you complete unanswered questions on the form at that time.

Child's Name:		
Last	First	Middle
Name of person completing form:		
Relationship to child:		
Date Completed:	(for example 01-Feb-2011)	

<b>Child's Demographic Information</b>	Site	: ID	Subject ID
<b>6</b>			
Date of enrollment:		(DD-MMM-)	(YYY)
Pediatri	c MS Clinica	<b>I Centers</b>	
1. Who referred you to this Pediatric MS of	enter? (check all t	that apply)	
☐ Pediatrician	☐ Other health	professional	
☐ Family Doctor	☐ National MS	Society	
☐ Adult neurologist/MS specialist	☐ Family or self	f	
☐ Adult neurologist/not MS specialist	☐ Unknown		
☐ Child neurologist	☐ Other (specif	fy)	
☐ Other doctor			
2. Has the child already been seen at one and the child already been seen at one and the child already been seen at one and the children's Hospital Rospital for Children's Hospital Boston (affiliated Mayo Clinic Rochester, Pediatric MS Clinic Stony Brook University Medical Center University of California at San Francisco Other Institution (specify)	atric Onset Demye o, Pediatric MS Cer ildren, Partners Pe e) inic r, National Pediatri	elinating Diseases nter of the Jacobs ediatric MS Cente ic MS Center	at Children's Hospital  Neurological Institute  r & affiliated sites
	d's Demogra	-	
If you do not know the answer to any of th "unknown." For example, if the Child is add some of these questions.			
3. What is the Child's date of birth?	(	(DD-MMM-YYYY f	or example 01-Feb-2011)
4. What is the Child's gender?	ale 🗆 Female		
<b>5. Is the Child adopted?</b> ☐ Yes ☐	No □ Othe	r	
6. Is the Child part of a multiple birth? $\Box$ If yes $\Rightarrow$ 6a. Is the Child an identical mu		□ Unknown □ No □	Unknown

Child's Demographic Intol	rmation	Site ID	Subject ID
7. What is the Child's race?			
☐ <i>Caucasian/White</i> : origins in	the original peoples of E	urope, the Middle East,	or North Africa
☐ Caucasian/Non White: Cauc	asian without origins in	Europe, the Middle East	, or North Africa
☐ African American/Black: orig	gins in any of the black ra	acial groups of Africa	
☐ Aboriginal/Native American/	=		
or South America, and who r		•	
☐ Asian-South Asian: origins in continent, for example, India		_	on of the Asian
☐ Asian-East Asian: origins in a Taiwan, Japan, Korea			ole mainland China,
☐ Asian-Southeast Asian: origi		·	th of China and east of
India for example, Cambodia			.1 5 16
☐ Pacific Islander: origins in an Islands	ly of the original peoples	s of Hawaii, Guam, Samo	a, or other Pacific
☐ <i>Mixed</i> (please describe) →			
☐ Unknown or Not Reported			
8. What is the Child's ethnicity?  ☐ Hispanic or Latino: A person Spanish culture or origin, reg ☐ Not Hispanic or Latino: does ☐ Unknown or Not Declared	ardless of race.		ral American, or other
9. Does the Child belong to any	of the following special	populations?	
☐ Amish/Pennsylvania Dutch			☐ Unknown
☐ Ashkenazi Jewish	☐ Kurdish	☐ Sikh	
☐ Sephardic Jewish	☐ Farsi	☐ None of the above	re
10. What is the Child's primary/	preferred Language?		
☐ English ☐ Spanish			□Unknown
11. Please select the most appro	opriate primary paver ty	pe (insurance or other)	for the Child's
healthcare:			
☐Commercial Insurance	☐ Other Governmental	Insurance   Other	
□Medicaid	□ Self Pay	□Unknowr	1
□Medicare	, □Worker's Compensat		

Child'	's	Personal	History
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Child's Personal History	Site ID	Subject	ID
Child's	Birth History		
If you do not know the answer to any of the foll	owing questions, ple	ase mark "unknow	n."
12. What was the Child's weight at birth?  lbs oz. OR kgs.	<b>OR</b> □ Unknowi	า	
	28-31 weeks Less than 28 weeks	☐ Unknown	
14. How was the Child delivered (born)?	Vaginal ⊔ C-Sed	ction 🗆 Unk	nown
15. Was the Child born in a hospital? ☐ Yes  If yes →15a. Did the Child have to stay in the ho ☐ Yes ☐ No ☐ Unknow If yes → 15b. how many weeks did he,	ospital after the mot		
Child's Infa	ncy Information	on	
If you do not know the answer to any of the foll	owing questions, ple	ase mark "unknow	n."
16. Was the child ever breastfed? (even for a shape of the child ever breastfed? (even for a shape of the child ever breastfed? (even for a shape of the child even breastfed? (even for a shape of the child even breastfed?)  16. Was the child ever breastfed? (even for a shape of the child even breastfed?)  17. Unknown  18. Was the child ever breastfed? (even for a shape of the child even breastfed?)  18. Was the child ever breastfed? (even for a shape of the child even breastfed?)	<b>ld breastfed?</b> (list th		months over
17. Was the child ever fed formula? (even for a  ☐ Yes ☐ No ☐ Unknown  If yes → 17a. At what age was formula into  If yes → 17b. At what age was formula sto  If yes → 17c. What type of formula was th  ☐ Standard (regular)	roduced? (more child fed?	nonths old)  Unk	
<ul> <li>18. Did the child ever stay in day care with more time)</li> <li>☐ Yes ☐ No ☐ Unknown</li> <li>If yes → 18a. If yes, at what age did the ch</li> <li>☐ Beginning when younger than 6 months</li> </ul>	ild first go to day ca		5 children?
☐ Beginning between 6 and 12 months old	J	•	

Child's Personal History	Child's	Personal	History
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Site ID			Subject ID
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# **Child's Developmental History**

If you do not know the answer to the following questions, please mark "Unknown."
19. At what age did the child first do the following:
Please mark either the exact age or most accurate range, not both.
19a. Sit alone/unaided?(months old)
☐ At less than 7 months ☐ At more than 9 months
☐ Between 7-9 months ☐ Unknown
19b. Walk unaided?(months old)
☐ At less than 12 months ☐ At more than 15 months
☐ Between 12-15 months ☐ Unknown
19c. Speak his/her first word?(months old)
☐ At less than 12 months ☐ At more than 15 months
☐ Between 12-15 months ☐ Unknown
19d. Speak his/her first 2-word phrase?(months old)
☐ At less than 18 months ☐ At more than 24 months
☐ Between 18-24 months ☐ Unknown
20. Were any special services (early intervention, speech therapy, physical therapy, occupational therapy) received <i>before</i> the child had the first symptoms for which you are taking him/her to the clinic?
☐ Yes ☐ No ☐ Not Applicable (too young) ☐ Unknown

Child'	's I	Personal	History
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			Ch	ild	's Edu	cat	tio	n					
	the child cu	-	nding school?	•	□ Yes			No		□ Not App	olica	able (too youn	g)
	•		g home schoo	olin	g? (form	ally	enro	olled i	n a	home scho	ol c	urriculum)	
	☐ Yes	□ No	Unknov		•	,						,	
:	21b. If not at	tending sch	ool, is the ch	ild r	eceiving	ho	ne t	utori	ngi	(planning t	to re	eturn to full da	ys
;	at school).												
	☐ Yes	□ No	☐ Unknov	vn									
22 D	lease estima	te how man	y days of sch	ച	the Child	d ha	s mi	hazzi	du	ring the last	cck	nool year due t	ło.
illnes		te now many	y days or seri	001	the Chin	<i>a</i> 110	3 1111	133CU	uu	ing the last	. JCI	loor year due	.0
	•	(number of	davs)		Unknov	vn							
		<del>_</del> -											
			es the child o	urr	ently red	eiv	e sp	ecial s	ser	vices?			
	□ Yes □	_	Unknown										
	If yes $\rightarrow$ <b>23a</b>						_			_			
		•	ccommodati					Yes		□ No		Unknown	
		Individuali	zed Educatio	n Pl	an (IEP)?	)		Yes		□ No		Unknown	
		Specific Int	terventions?					Yes		□ No		Unknown	
	23	b. If yes for	specific inte	ver	itions, de	oes	the	child	rec	eive:			
		Occupation	nal therapy?		Yes		No	[		Unknown			
		Physical Th			Yes		No	[		Unknown			
		Reading As	• •		Yes		No	[		Unknown			
		Math Assis	stance?		Yes		No	[		Unknown			
24. H	ow was the	rhild's schoo	l performan	ce h	efore his	s/he	r fir	st svr	nn <sup>.</sup>	toms?			
			ample, mostl			,		•	•	for example	. m	ostly Fs)	
	☐ Average (1		•	,	• ,			Unkr		•	-,	,,	
		•	ample, mostl	y Ds	5)								

Site ID \_\_ \_ \_ Subject ID\_\_\_\_\_

Site ID	Subject ID
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# **Child's Residency Information**

#### 25. Where has the Child lived for 6 months or more since birth?

Residence #1	Start date (MMM-YYYY)	(for example Feb-2011)
	Stop date (MMM-YYYY)	
	City	
	State or Province	
	Country	
	Zipcode	
	Location:	
	☐ Rural (country or ranch setting)	
	☐ Urban (population more than 100,000	0)
	☐ Suburban (lower residential density a	
	☐ Small town/city (population less than	•
	☐ Unknown	,
	Water supply: ☐ City water ☐ W	'ell water □ Unknown
Residence #2	Start date (MMM-YYYY)	(for example Feb-2011)
	Stop date (MMM-YYYY)	(for example Feb-2011)
	City	
	State or Province	
	Country	
	Zipcode	
	Location:	
	☐ Rural (country or ranch setting)	
	☐ Urban (population more than 100,000	0)
	☐ Suburban (lower residential density a	djacent to urban site)
	☐ Small town/city (population less than	100,000)
	☐ Unknown	, ,
	Water supply: ☐ City water ☐ W	′ell water □ Unknown
Residence #3	Start date (MMM-YYYY)	(for example Feb-2011)
	Stop date (MMM-YYYY)	
	City	
	State or Province	
	Country	
	Zipcode	
	Location:	
	☐ Rural (country or ranch setting)	
	☐ Urban (population more than 100,000	0)
	☐ Suburban (lower residential density a	djacent to urban site)
	☐ Small town/city (population less than	•
	☐ Unknown	
	Water supply: ☐ City water ☐ W	′ell water □ Unknown

## **Child's Personal History**

Residence #4	Start date (MMM-YYYY)	(for exa	mple Feb-2011)
	Stop date (MMM-YYYY)		
	City		
	State or Province		
	Country		
	Zipcode		
	Location:		
	☐ Rural (country or ranch setting	g)	
	☐ Urban (population more than	100,000)	
	☐ Suburban (lower residential de	ensity adjacent to url	oan site)
	☐ Small town/city (population le☐ Unknown	ss than 100,000)	·
	Water supply:   City water	☐ Well water	☐ Unknown
Residence #5	Start date (MMM-YYYY)	(for exa	mple Feb-2011)
	Stop date (MMM-YYYY)	(for exa	mple Feb-2011)
	City		
	State or Province		
	Country		
	Zipcode		
	Location:		
	☐ Rural (country or ranch setting	g)	
	☐ Urban (population more than	100,000)	
	☐ Suburban (lower residential de☐ Small town/city (population le		oan site)
	☐ Unknown		
	Water supply:   City water	☐ Well water	☐ Unknown
Residence #6	Start date (MMM-YYYY)		
	Stop date (MMM-YYYY)	(for exa	mple Feb-2011)
	City		<del></del>
	State or Province		
	Country		<del></del>
	Zipcode		
	Location:		
	☐ Rural (country or ranch setting	g)	
	$\square$ Urban (population more than	100,000)	
	☐ Suburban (lower residential de	ensity adjacent to url	oan site)
	$\square$ Small town/city (population le	ss than 100,000)	
	☐ Unknown		

Site ID \_\_ \_ \_ Subject ID\_\_\_\_\_

Please ask clinic staff if additional sheets are necessary to include all residences

Water supply:  $\ \square$  City water  $\ \square$  Well water  $\ \square$  Unknown

Site ID	Subject ID

#### **Environmental Factors** 26. Was the child ever on a restricted diet for more than 6 months? □ No ☐ Unknown If yes $\rightarrow$ 26a. Was the Child on any of the following diet(s) for more than 6 months? ☐ Yes □ No No red meat: ☐ Unknown Vegetarian (with eggs and/or milk): ☐ Yes □ No ☐ Unknown ☐ Unknown Vegan (no animal products): ☐ Yes □ No No dairy products: ☐ Yes ☐ No ☐ Unknown 27. Did the Child ever receive calcium supplementation for more than 6 months? □ No □ Yes ☐ Unknown If yes $\rightarrow$ 27a. Please indicate the type of supplementation the Child received: Vitamin D and/or calcium on a daily basis plus dairy products: □ Yes □ No ☐ Unknown Vitamin D and/or calcium on a daily basis but **no** dairy products: □ Yes □ No ☐ Unknown 28. Has the child ever been exposed to tobacco smoke for 6 months or more? ☐ Yes □ No ☐ Unknown If yes → 28a. Please indicate the level of the Child's exposure to tobacco smoke: Someone in the primary residence smokes (or smoked) daily within the home for more than 6 months ☐ Yes □ No ☐ Unknown Someone in the primary residence smokes (or smoked) daily, limited to outdoors for more than 6 months ☐ Yes ☐ Unknown □ No The Child smokes (or smoked) on an occasional basis for more than 6 months

☐ Unknown The Child smokes (or smoked) on a daily basis for more than 6 months

☐ Unknown

□ Yes

☐ Yes

□ No

□ No

21. 10	C Introduction
Site ID	SIINIACT III
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	Cł	nild's Biological I	Parents		
Bio	logical Mother				
29.	What is the biological Mother's	living situation in relat	ion to the child?		
	☐ Lives with child full time	☐ Does not live w	ith child		
	☐ Lives with child part time	☐ Unknown			
30.	What is the biological Mother's			DD-MMM-YYYY)	
		•	mple 01-Feb-2011)		
	What is the biological Mother's				
	Caucasian/White: origins in the				
	Caucasian/Non White: Caucasi		•	t, or North Africa	
	African American/Black: origins	•	- ,	andas of Nouth	
ш	Aboriginal/Native American/Ala Central, or South America, and			•	
П	Asian-South Asian: origins in an			•	
_	continent, for example, India, B	, , , ,	_	ion of the Asian	
	Asian-East Asian: origins in any	• • • •		ple mainland China.	
	Taiwan, Japan, Korea	or the original peoples	or ease hold for exam	pie mamaria emila,	
	Asian-Southeast Asian: origins i	n any of the original pe	oples of countries so	uth of China and east	
	of India for example, Cambodia		•		
	Pacific Islander: origins in any o	of the original peoples of	f Hawaii, Guam, Sam	oa, or other Pacific	
	Islands				
	Mixed (please describe) →				
	Unknown or Not Reported				
	What is the biological Mother's	•			
Ш	Hispanic or Latino: A person of		Rican, South or Cen	tral American, or	
_	other Spanish culture or origin,	•			
	Not Hispanic or Latino: does no	t meet the definition at	oove		
Ш	Unknown or Not Declared				
33	Does the biological Mother belo	ong to any of the follow	ing special population	nns?	
	Amish/Pennsylvania Dutch	-		☐ Unknown	
	Ashkenazi Jewish	☐ Kurdish	☐ Sikh	_ ciikilowii	
_	Sephardic Jewish	☐ Farsi	☐ None of the abo	ve	
	Septial are serior.		_ None or the abo	••	
34.	Biological Mother's city of birth	n?			
35.	Biological Mother's state or pro	ovince of birth?			
36.	Biological Mother's zip code at	birth?			
37.	37. Biological Mother's country of birth?				
38.	38. If the biological Mother was not born in the US, what year did she move to the US?				

#### Site ID \_\_ \_ \_ Subject ID\_\_\_\_\_ **Child's Family History** 39. What is the biological Mother's highest level of education? ☐ No schooling (or only kindergarten) ☐ Bachelor's degree (4 year college) ☐ Elementary school (grade 1-8) ☐ Post Baccalaureate degree ☐ Some high school (grade 9-11) ☐ Technical or Trade School ☐ High School Graduate or GED Other (specify) ☐ Some college, no degree ☐ Unknown 40. What is the biological Mother's preferred language? ☐ English ☐ Spanish ☐ Other (specify) \_\_\_\_\_ ☐ Unknown 41. What is the biological Mother's current occupation? ☐ Not working ☐ Clerical Worker ☐ Farmer or Farm Manager ☐ Professional or Technical ☐ Skilled Worker or Craftsman ☐ Farm Laborer ☐ Manager or Administrator ☐ Machine Operator ☐ Service Worker ☐ Sales Worker ☐ Laborer ☐ Military ☐ Other (specify) \_\_\_\_\_ ☐ Unknown 42. What is the biological Mother's current employment industry? ☐ Agriculture, Forestry, Fisheries ☐ Wholesale trade (wholesaler)

☐ Transportation, Communications, Public Utilities ☐ Public Administration (Government)

☐ Retail trade (retailer)

☐ Service

☐ Finance, Insurance, and Real Estate

☐ Mining

☐ Construction

☐ Manufacturing (Manufacturer)

Other (specify)

Bio	ological Father			
	What is the biological Father's I	iving situation in relati	on to the child?	
75.	☐ Lives with child full time			
	☐ Lives with child part time		Ten ema	
	Elves with elina part time	- Chikhowh		
44.	What is the biological Father's	date of birth?	(DD-MMM-YYYY)	
		•	ample 01-Feb-2011)	
	What is the biological Father's I			
	Caucasian/White: origins in the	original peoples of Eur	ope, the Middle East, or North Africa	
	Caucasian/Non White: Caucasi	an without origins in Eu	rope, the Middle East, or North Africa	
	African American/Black: origins	in any of the black raci	al groups of Africa	
	Aboriginal/Native American/Ala	askan Native: origins in	any of the original peoples of North,	
	Central, or South America, and	who maintains tribal aff	filiation or community attachment	
	Asian-South Asian: origins in an	y of the original people	s of the southern region of the Asian	
	continent, for example, India, B	angladesh, Nepal, Tibet		
	Asian-East Asian: origins in any	of the original peoples	of east Asia for example mainland Chin	a,
	Taiwan, Japan, Korea			
	Asian-Southeast Asian: origins i	n any of the original pe	oples of countries south of China and ea	ast
	of India for example, Cambodia	, Indonesia, the Philippi	nes, Thailand, Vietnam	
	Pacific Islander: origins in any o	f the original peoples o	f Hawaii, Guam, Samoa, or other Pacific	;
	Islands			
	Mixed (please describe) →			
	Unknown or Not Reported			
46.	What is the biological Father's	ethnicity		
	Hispanic or Latino: A person of	Cuban, Mexican, Puerto	o Rican, South or Central American, or	
	other Spanish culture or origin,	regardless of race.		
	Not Hispanic or Latino: does no	t meet the definition al	oove	
	Unknown or Not Declared			
47.	Does the biological Father belo	ng to any of the follow	ing special populations?	
	Amish/Pennsylvania Dutch	☐ French Canadian	☐ Sardinian ☐ Unknown	
	Ashkenazi Jewish	☐ Kurdish	☐ Sikh	
	Sephardic Jewish	☐ Farsi	☐ None of the above	
48.	Biological Father's city of birth?			
49.	Biological Father's state or prov	vince of birth?		
50.	Biological Father's zip code at b	irth?		
51.	Biological Father's country of b	irth?		

52. If the biological Father was not born in the US, what year did he move to the US? \_\_\_\_\_

Site ID \_\_\_ \_\_ Subject ID\_\_\_\_\_

Child's Family History	Site ID Subject ID
53. What is the biological Father's highest leve	el of education?
☐ No schooling (or only kindergarten)	
☐ Elementary school (grade 1-8)	□ Post Baccalaureate degree
☐ Some high school (grade 9-11)	☐ Technical or Trade School
☐ High School Graduate or GED	Other (specify)
☐ Some college, no degree	□ Unknown
30mc conege, no degree	
54. What is the biological Father's preferred la	nguage?
	specify) Dunknown
<b>0</b>	
55. What is the biological Father's current occu	upation?
☐ Not working ☐ Clerical Wo	•
☐ Professional or Technical ☐ Skilled Wor	ker or Craftsman
☐ Manager or Administrator ☐ Machine Op	perator
☐ Sales Worker ☐ Laborer	☐ Military
☐ Other (specify)	Unknown
56. What is the biological Father's current emp	ployment industry?
☐ Agriculture, Forestry, Fisheries	☐ Wholesale trade (wholesaler)
☐ Mining	☐ Retail trade (retailer)
☐ Construction	☐ Finance, Insurance, and Real Estate
☐ Manufacturing (Manufacturer)	☐ Service
☐ Transportation, Communications, Public Ut	ilities   Public Administration (Government)
☐ Other (specify)	
57. How many adults live in the household wit	h the Child? (adults)

If the child lives part time with one parent and part time with another parent for example, select the household in which the most adults (over age 18) live, and record this number of adults in the

space provided above.

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## **Child's Biological Maternal Grandparents (Mother's Parents)**

#### **Biological Maternal Grandmother (Mother's mother)**

58.	What is the biological maternal	Grandmother's race?			
	Caucasian/White: origins in the original peoples of Europe, the Middle East, or North Africa				
	Caucasian/Non White: Caucasia	an without origins in Eu	rope, the Middle E	ast, or North Africa	
	African American/Black: origins	in any of the black raci	al groups of Africa		
	Aboriginal/Native American/Ala	skan Native: origins in	any of the original	peoples of North,	
	Central, or South America, and v	who maintains tribal aff	iliation or commun	ity attachment	
	Asian-South Asian: origins in an	y of the original people	s of the southern re	egion of the Asian	
	continent, for example, India, Ba	angladesh, Nepal, Tibet			
	Asian-East Asian: origins in any	of the original peoples	of east Asia for exa	mple mainland China,	
	Taiwan, Japan, Korea				
	Asian-Southeast Asian: origins in	n any of the original pe	oples of countries s	south of China and east	
	of India for example, Cambodia,	Indonesia, the Philippi	nes, Thailand, Vietr	nam	
	Pacific Islander: origins in any o	f the original peoples o	f Hawaii, Guam, Sai	moa, or other Pacific	
	Islands				
	Mixed (please describe) →				
	Unknown or Not Reported				
<b>-</b> 0	18/h at in the a biological acceptance	C			
	What is the biological maternal		=	netual Annaniaan an	
ш	Hispanic or Latino: A person of (		o Rican, South or Ce	entral American, or	
П	other Spanish culture or origin, i	-			
	Not Hispanic or Latino : does not	t meet the definition at	oove		
Ш	Unknown or Not Declared				
60.	Does the biological maternal Gr	andmother belong to a	any of the following	special populations?	
		☐ French Canadian	☐ Sardinian	☐ Unknown	
	· ·	☐ Kurdish	☐ Sikh		
		☐ Farsi	☐ None of the ab	nove	
_		3.0.			
61.	What is the biological maternal	Grandmother's countr	y of birth?		
	□ Unknown				

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Site ID	VIINIACT II I	l e
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### **Biological Maternal Grandfather (Mother's father)**

		6 16 11 1 2		
	θ			
	African American/Black: origins	•	•	
Ш	Aboriginal/Native American/Ala	_		
	Central, or South America, and v			•
	Asian-South Asian: origins in an continent, for example, India, Ba			egion of the Asian
	Asian-East Asian: origins in any	of the original peoples	of east Asia for exa	imple mainland China,
	Taiwan, Japan, Korea			
	Asian-Southeast Asian: origins i of India for example, Cambodia,		•	
	Pacific Islander: origins in any o	• •		
	Islands	<b>.</b>		
	Mixed (please describe) →			
	Unknown or Not Reported			
	•			
63.	What is the biological maternal	Grandfather's ethnicit	v?	
	Hispanic or Latino: A person of		•	entral American, or
	other Spanish culture or origin,		•	,
	Not Hispanic or Latino : does no	•	oove	
	Unknown or Not Declared			
	STATION TO THE BEGINNER			
64.	Does the biological maternal Gr	andfather belong to ar	ny of the following	special populations?
	Amish/Pennsylvania Dutch	☐ French Canadian	☐ Sardinian	☐ Unknown
	Ashkenazi Jewish	☐ Kurdish	☐ Sikh	
	Sephardic Jewish	☐ Farsi	☐ None of the al	oove
65.	What is the biological maternal	<b>Grandfather's country</b>	of birth?	
	□ Unknown			

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# **Child's Biological Paternal Grandparents (Father's Parents)**

#### **Biological Paternal Grandmother (Father's mother)**

66.	What is the biological paternal	Grandmother's race?		
	Caucasian/White: origins in the	original peoples of Eur	ope, the Middle Eas	t, or North Africa
	Caucasian/Non White: Caucasia	an without origins in Eu	rope, the Middle Ea	ist, or North Africa
	African American/Black: origins	in any of the black raci	al groups of Africa	
	Aboriginal/Native American/Ala	skan Native: origins in	any of the original p	peoples of North,
	Central, or South America, and v	who maintains tribal aff	iliation or communi	ity attachment
	Asian-South Asian: origins in an	y of the original people	s of the southern re	gion of the Asian
	continent, for example, India, Ba	angladesh, Nepal, Tibet		
	Asian-East Asian: origins in any	of the original peoples	of east Asia for exar	mple mainland China,
	Taiwan, Japan, Korea			
	Asian-Southeast Asian: origins in		•	
_	of India for example, Cambodia,		•	
Ш	Pacific Islander: origins in any o	f the original peoples of	f Hawaii, Guam, San	noa, or other Pacific
	Islands			
	Mixed (please describe) →			
	Unknown or Not Reported			
67	What is the biological paternal	Grandmother's ethnicit	tv?	
	Hispanic or Latino: A person of		-	ntral American or
_	other Spanish culture or origin,		Tricari, South of CC	incrair american, or
П	Not Hispanic or Latino : does no	•	NOVA	
	Unknown or Not Declared	t meet the definition at	Jove	
	Olikhowh of Not Declared			
68.	Does the biological paternal Gra	andmother belong to a	ny of the following	special populations?
	Amish/Pennsylvania Dutch	☐ French Canadian	☐ Sardinian	☐ Unknown
	Ashkenazi Jewish	☐ Kurdish	☐ Sikh	
	Sephardic Jewish	☐ Farsi	☐ None of the ab	ove
	sad at all the transfer			
69.	What is the biological paternal	Grandmother's country	of birth?	
	☐ Unknown			

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### **Biological Paternal Grandfather (Father's Father)**

70	What is the biological paternal	Grandfathar's race?			
				ili a Natalalla Ea	at a sala atta ACC
	Caucasian/White: origins in the				
	Caucasian/Non White: Caucasia	· ·		•	ast, or North Africa
	African American/Black: origins	in any of the black raci	ial gr	oups of Africa	
	Aboriginal/Native American/Ala	skan Native: origins in	any	of the original	peoples of North,
	Central, or South America, and	who maintains tribal aff	filiat	ion or commur	nity attachment
	Asian-South Asian: origins in an	v of the original people	s of	the southern r	egion of the Asian
	continent, for example, India, Ba				Ü
П	Asian-East Asian: origins in any	-		ast Asia for exa	amnle mainland China
_	Taiwan, Japan, Korea	or the original peoples	OI C	ast Asia for CX	impic maimana ciina,
П	Asian-Southeast Asian: origins i	n any of the original no	onlo	os of countries	south of China and east
ш	_				
$\overline{}$	of India for example, Cambodia,				
ш	Pacific Islander: origins in any o	t the original peoples of	тна	waii, Guam, Sa	moa, or other Pacific
	Islands				
	Mixed (please describe) →				
	Unknown or Not Reported				
	What is the biological paternal	•	•		
	Hispanic or Latino: A person of	Cuban, Mexican, Puerto	o Ric	an, South or Co	entral American, or
	other Spanish culture or origin,	regardless of race.			
	Not Hispanic or Latino: does no	t meet the definition ak	bove	2	
	Unknown or Not Declared				
72.	Does the biological paternal Gra	andfather belong to an	v of	the following	special populations?
		☐ French Canadian	-	_	□ Unknown
	•	☐ Kurdish		Sikh	
	Sephardic Jewish	☐ Farsi		None of the al	nove
_	Septial ale Jewish	L 10131	Ц	None of the at	00 <b>v</b> C
72	M/hat is the highesisal patarral	Grandfathar's sourtme	of b	irth 2	
/3.	What is the biological paternal	Grandiather's country	טו מ		
	□ Unknown				

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	Child's Sibling	gs	
74. Does the Child have any siblings?	☐ Yes ☐ No	☐ Unknown	
75. If yes, please provide the following Sibling #1		ch of the Child's s	iblings
Gender: □ Male □ Fe Date of Birth: Relationship to Child: □ Same Mom and Dad	(DD	-MMM-YYYY) for  ☐ Same Dad	
Sibling #2  Gender: ☐ Male ☐ Fe  Date of Birth:  Relationship to Child:	male (DD	-MMM-YYYY) for	example 01-Feb-2011)
☐ Same Mom and Dad  Sibling #3  Gender: ☐ Male ☐ Fe  Date of Birth:  Relationship to Child: ☐ Same Mom and Dad	male (DD	-MMM-YYYY) for	example 01-Feb-2011)
Sibling #4  Gender: □ Male □ Fe  Date of Birth:  Relationship to Child: □ Same Mom and Dad	(DD		
Sibling #5  Gender: □ Male □ Fe  Date of Birth:  Relationship to Child: □ Same Mom and Dad	(DD	-MMM-YYYY) for □ Same Dad	_
Sibling #6  Gender: □ Male □ Fe  Date of Birth:  Relationship to Child: □ Same Mom and Dad	(DD	-MMM-YYYY) for □ Same Dad	example 01-Feb-2011)  ☐ Other
Sibling #7  Gender: □ Male □ Fe  Date of Birth:  Relationship to Child: □ Same Mom and Dad	(DD	-MMM-YYYY) for □ Same Dad	example 01-Feb-2011) □ Other

Please ask clinic staff if additional sheets are necessary to include all siblings

# Patient (Child) and Family Medical History

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Site ID \_\_ \_\_ Subject ID\_\_\_\_\_

Please bring your Child's vaccination record to the clinic visit and clinic staff will help you complete this table

To be completed by clinic staff

	E.	Child's Vaccination Information	ation Info	rmation			
76. Has the Child received any vaccinations? ☐ Yes ☐ No ☐ Unknown	ations? 🛮 Ye	oN□ s	Jnknown				
77. Has the Child had the following vaccinations/infectious diseases?	accinations/inf	ectious disease	es?				
Vaccination	Vaccination shot #1 (MMM-YYYY)	Vaccination shot #2 (MMM-YYYY)	Vaccination shot #3 (MMM-YYYY)	Vaccination shot #4 (MMM-YYYY)	Vaccination shot #5 (MMM-YYYY)	Vaccination shot #6 (MMM-YYYY)	Onset Date Disease (MMM-YYY
Diphtheria, Tetanus, Pertussis (DPT)							
Inactivated Poliovirus							
Measles, Mumps, Rubella							
Hepatitis B							
Varicella (Chickenpox)							
Pneumococcal							
Haemophilus influenzae type B							
Influenza							
Meningococcal							
Tuberculosis (BCG)							
Human Papillomavirus (HPV) (e.g. Gardasil)							

# Patient (Child) and Family Medical History

Site ID	 	Subject ID
	 	,

To be completed by clinic staff

## **Patient and Family Medical History**

#### **Autoimmune Diseases**

78. Does the Child have a history of autoimmune disease(s)? ☐Yes ☐No ☐Unknown

#### 79. Does the Child's family (blood relatives) have a history of autoimmune disease(s)?

□Yes □No □Unknown

Please complete the table below for any child or biological family autoimmune diseases

	Ch	ild History		Family History	
Disease	Yes	Age at Diagnosis	Yes	Relation to Child	Age at Diagnosis
Addison's Disease					
Ankylosing Spondylitis					
Atopic dermatitis/Eczema					
Bechet's Syndrome					
Celiac Disease					
CIDP or Guillain-Barre Syndrome					
Dermatomyositis					
Diabetes: Adult Onset					
Diabetes: Childhood Onset					
Grave's Disease					
Hashimoto's Disease					
Hyperparathyroidism					
Indiopathic Thrombocytopenic Purpura					
Inflammatory Bowel Disease/Crohn's					
Mixed Connective Tissue Disease					
Multiple Sclerosis					
Myasthenia Gravis					
Pemphigus Vulgaris					
Pernicious Anemia					
Polymyositis					
Polyarteritis Nodosa					
Psoriasis					
Rheumatoid Arthritis					
Rheumatic Heart Disease					
Scleroderma					
Systemic Lupus Erythematosus					
Vitiligo					
Sarcoidosis					
Sjogren's Syndrome					
Thyroid Disease					
Vasculitis					
Other autoimmune disease (list below):					

Patient (Child) and Family		Site ID		Subject ID_	
Medical History					
Mental Health					
80. Does the Child have a history of mental	healt	th disease(s	)? □	lYes □No □Unknown	
81. Does the Child's family (blood relatives)	have	e a history o	f me	ntal health disease(s)?	
•		-		□Yes □No □Unk	nown
Please complete the table below for any child	d or b	oiological fai	mily i	mental health diseases	
	Ch	ild History		Family History	
Disease	Yes	Age at	Yes		Age at Diagnosis
Anxiety		J			Ŭ
Attention Deficit Disorder					
Autism					
Bipolar Disorder					
Depression					
Psychosis					
Substance Abuse					
Other mental health disease (list below):					
Major Medical Conditions  82. Does the Child have a history of major n	nedic	cal condition	n(s)?	□Yes □No □Unknown	
83. Does the Child's family (blood relatives)		•		□Yes □No □U	nknown
Please complete the table below for any child			mily ı	-	
	Ch	ild History		Family History	ı
Disease	Yes	Age at Diagnosis	Yes	Relation to Child	Age at Diagnosis
Asthma					
Major Trauma					
Hospitalization not related to MS					
Other major medical condition (list below):					
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Patient (Child) and Family
Medical History

Patient (Child) and Family	Site ID	_ Si	ubject I	D
Medical History				
Other Neurological Illness				
34. Does the Child have a history of any other	neurological illness?			
e.g. seizures, headaches)		□Yes	□No	□Unknown
35. Does the Child's family (blood relatives) ha	ve a history of any other n	eurolo	gical ill	ness?
e.g. seizures, headaches)		□Yes	□No	□Unknown

	Ch	ild History		Family History	
Disease	Yes	Age at Diagnosis	Yes	Relation to Child	Age at Diagnosis
Headache					
Seizures					
Other neurological Illness (list below):					