



**UCSF Benioff Children's Hospital**  
**Pediatric Multiple Sclerosis Center**

## 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)  
DD MMM YYYY

Date of enrollment: \_\_\_\_\_ (DD-MMM-YYYY)

**Pediatric MS Clinical Centers**

**1. Who referred you to this Pediatric MS center? (check all that apply)**

- Pediatrician
- Family Doctor
- Adult neurologist/MS specialist
- Adult neurologist/not MS specialist
- Child neurologist
- Other doctor
- Other health professional
- National MS Society
- Family or self
- Unknown
- Other (specify) \_\_\_\_\_

**2. Has the child already been seen at one of these Centers? (check all that apply)**

- University of Alabama, Center for Pediatric Onset Demyelinating Diseases at Children’s Hospital
- State University of New York at Buffalo, Pediatric MS Center of the Jacobs Neurological Institute
- Massachusetts General Hospital for Children, Partners Pediatric MS Center & affiliated sites
  - Children's Hospital Boston (affiliate)
- Mayo Clinic Rochester, Pediatric MS Clinic
- Stony Brook University Medical Center, National Pediatric MS Center
- University of California at San Francisco
- Other Institution (specify) \_\_\_\_\_
- None

**Child's Demographics**

If you do not know the answer to any of the following questions about the Child, please mark "unknown." For example, if the Child is adopted, fostered, or other, you may not know the answer to some of these questions.

**3. What is the Child's date of birth?** \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)

**4. What is the Child's gender?**  Male  Female

**5. Is the Child adopted?**  Yes  No  Other

**6. Is the Child part of a multiple birth?**  Yes  No  Unknown  
If yes → **6a. Is the Child an identical multiple?**  Yes  No  Unknown



### Child's Birth History

If you do not know the answer to any of the following questions, please mark "unknown."

**12. What was the Child's weight at birth?**

\_\_\_ lbs. \_\_\_ oz.    **OR**    \_\_\_ kgs.    **OR**     Unknown

**13. How long was the Mother pregnant before the child was born (gestation)?** (Please estimate with your best guess if you can)

Full term (more than 36 weeks)     28-31 weeks     Unknown  
 32-36 weeks     Less than 28 weeks

**14. How was the Child delivered (born)?**     Vaginal     C-Section     Unknown

**15. Was the Child born in a hospital?**     Yes     No     Unknown

If yes → **15a. Did the Child have to stay in the hospital after the mother was discharged (went home)?**

Yes     No     Unknown

If yes → **15b. how many weeks did he/she stay in the hospital?** \_\_\_\_\_ (weeks)

### Child's Infancy Information

If you do not know the answer to any of the following questions, please mark "unknown."

**16. Was the child ever breastfed?** (even for a short time or part time)

Yes     No     Unknown

If yes → **16a. For how many months was the child breastfed?** (list the total number of months over which the child was breastfed even if part-time) \_\_\_\_\_(months)

**17. Was the child ever fed formula?** (even for a short time or part time)

Yes     No     Unknown

If yes → **17a. At what age was formula introduced?** \_\_\_\_\_ (months old)     Unknown

If yes → **17b. At what age was formula stopped?** \_\_\_\_\_ (months old)     Unknown

If yes → **17c. What type of formula was the child fed?**

Standard (regular)     Soy-based     Other     Unknown

**18. Did the child ever stay in day care with more than 5 other children?** (even for a short time or part-time)

Yes     No     Unknown

If yes → **18a. If yes, at what age did the child first go to day care with more than 5 children?**

Beginning when younger than 6 months old     Beginning when older than 12 months

Beginning between 6 and 12 months old     Unknown

**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 *before* 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 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) \_\_\_\_\_ (for example Feb-2011)  
 City \_\_\_\_\_  
 State or Province \_\_\_\_\_  
 Country \_\_\_\_\_  
 Zipcode \_\_\_\_\_  
 Location:  
 Rural (country or ranch setting)  
 Urban (population more than 100,000)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
 Water supply:  City water  Well 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)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
 Water supply:  City water  Well water  Unknown

**Residence #3** 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)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
 Water supply:  City water  Well water  Unknown

## Child's Personal History

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

**Residence #4** 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)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
Water supply:  City water  Well water  Unknown

**Residence #5** 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)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
Water supply:  City water  Well water  Unknown

**Residence #6** 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)  
 Suburban (lower residential density adjacent to urban site)  
 Small town/city (population less than 100,000)  
 Unknown  
Water supply:  City water  Well water  Unknown

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



## Environmental Factors

**26. Was the child ever on a restricted diet for more than 6 months?**

Yes     No     Unknown

If yes → **26a. Was the Child on any of the following diet(s) for more than 6 months?**

No red meat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Vegetarian (with eggs and/or milk):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Vegan (no animal products):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
No dairy products:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**27. Did the Child ever receive calcium supplementation for more than 6 months?**

Yes     No     Unknown

If yes → **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     No     Unknown

The Child smokes (or smoked) on an **occasional basis** for more than 6 months

Yes     No     Unknown

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

Yes     No     Unknown

## Child's Biological Parents

### Biological Mother

**29. What is the biological Mother's living situation in relation to the child?**

- Lives with child full time       Does not live with child  
 Lives with child part time       Unknown

**30. What is the biological Mother's date of birth?** \_\_\_\_\_ (DD-MMM-YYYY)  
(for example 01-Feb-2011)

**31. What is the biological Mother's race?**

- Caucasian/White* : origins in the original peoples of Europe, the Middle East, or North Africa  
 *Caucasian/Non White* : Caucasian without origins in Europe, the Middle East, or North Africa  
 *African American/Black*: origins in any of the black racial groups of Africa  
 *Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment  
 *Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet  
 *Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea  
 *Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam  
 *Pacific Islander*: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands  
 *Mixed* (please describe) → \_\_\_\_\_  
 *Unknown or Not Reported*

**32. What is the biological Mother's ethnicity**

- Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  
 *Not Hispanic or Latino* : does not meet the definition above  
 *Unknown or Not Declared*

**33. Does the biological Mother belong to any of the following special populations?**

- Amish/Pennsylvania Dutch       French Canadian       Sardinian       Unknown  
 Ashkenazi Jewish       Kurdish       Sikh  
 Sephardic Jewish       Farsi       None of the above

**34. Biological Mother's city of birth?** \_\_\_\_\_

**35. Biological Mother's state or province of birth?** \_\_\_\_\_

**36. Biological Mother's zip code at birth?** \_\_\_\_\_

**37. Biological Mother's country of birth?** \_\_\_\_\_

**38. If the biological Mother was not born in the US, what year did she move to the US?** \_\_\_\_\_

**39. What is the biological Mother's highest level of education?**

- No schooling (or only kindergarten)
- Elementary school (grade 1-8)
- Some high school (grade 9-11)
- High School Graduate or GED
- Some college, no degree
- Bachelor's degree (4 year college)
- Post Baccalaureate degree
- Technical or Trade School
- Other (specify) \_\_\_\_\_
- 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
- Professional or Technical
- Manager or Administrator
- Sales Worker
- Other (specify) \_\_\_\_\_
- Clerical Worker
- Skilled Worker or Craftsman
- Machine Operator
- Laborer
- Farmer or Farm Manager
- Farm Laborer
- Service Worker
- Military
- Unknown

**42. What is the biological Mother's current employment industry?**

- Agriculture, Forestry, Fisheries
- Mining
- Construction
- Manufacturing (Manufacturer)
- Transportation, Communications, Public Utilities
- Other (specify) \_\_\_\_\_
- Wholesale trade (wholesaler)
- Retail trade (retailer)
- Finance, Insurance, and Real Estate
- Service
- Public Administration (Government)

**Biological Father**

**43. What is the biological Father's living situation in relation to the child?**

- Lives with child full time
- Does not live with child
- Lives with child part time
- Unknown

**44. What is the biological Father's date of birth?** \_\_\_\_\_ (DD-MMM-YYYY)  
(for example 01-Feb-2011)

**45. What is the biological Father's race?**

- Caucasian/White* : origins in the original peoples of Europe, the Middle East, or North Africa
- Caucasian/Non White* : Caucasian without origins in Europe, the Middle East, or North Africa
- African American/Black*: origins in any of the black racial groups of Africa
- Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment
- Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet
- Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea
- Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam
- Pacific Islander*: origins in any of the original peoples of 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 Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino* : does not meet the definition above
- Unknown or Not Declared*

**47. Does the biological Father belong to any of the following 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 province of birth?** \_\_\_\_\_

**50. Biological Father's zip code at birth?** \_\_\_\_\_

**51. Biological Father's country of birth?** \_\_\_\_\_

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

**53. What is the biological Father's highest level of education?**

- |  |   |
|--|---|
| <input type="checkbox"/> No schooling (or only kindergarten) | <input type="checkbox"/> Bachelor's degree (4 year college) |
| <input type="checkbox"/> Elementary school (grade 1-8)       | <input type="checkbox"/> Post Baccalaureate degree          |
| <input type="checkbox"/> Some high school (grade 9-11)       | <input type="checkbox"/> Technical or Trade School          |
| <input type="checkbox"/> High School Graduate or GED         | <input type="checkbox"/> Other (specify) _____              |
| <input type="checkbox"/> Some college, no degree             | <input type="checkbox"/> Unknown                            |

**54. What is the biological Father's preferred language?**

- English     Spanish     Other (specify) \_\_\_\_\_     Unknown

**55. What is the biological Father's current occupation?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Not working               | <input type="checkbox"/> Clerical Worker             | <input type="checkbox"/> Farmer or Farm Manager |
| <input type="checkbox"/> Professional or Technical | <input type="checkbox"/> Skilled Worker or Craftsman | <input type="checkbox"/> Farm Laborer           |
| <input type="checkbox"/> Manager or Administrator  | <input type="checkbox"/> Machine Operator            | <input type="checkbox"/> Service Worker         |
| <input type="checkbox"/> Sales Worker              | <input type="checkbox"/> Laborer                     | <input type="checkbox"/> Military               |
| <input type="checkbox"/> Other (specify) _____     |  | <input type="checkbox"/> Unknown                |

**56. What is the biological Father's current employment industry?**

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry, Fisheries                 | <input type="checkbox"/> Wholesale trade (wholesaler)        |
| <input type="checkbox"/> Mining   | <input type="checkbox"/> Retail trade (retailer)             |
| <input type="checkbox"/> Construction                                     | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Manufacturing (Manufacturer)                     | <input type="checkbox"/> Service                             |
| <input type="checkbox"/> Transportation, Communications, Public Utilities | <input type="checkbox"/> Public Administration (Government)  |
| <input type="checkbox"/> Other (specify) _____                            |  |

**57. How many adults live in the household with 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.

**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* : Caucasian without origins in Europe, the Middle East, or North Africa
- African American/Black*: origins in any of the black racial groups of Africa
- Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment
- Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet
- Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea
- Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam
- Pacific Islander*: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Mixed* (please describe) → \_\_\_\_\_
- Unknown or Not Reported*

**59. What is the biological maternal Grandmother's ethnicity?**

- Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino* : does not meet the definition above
- Unknown or Not Declared*

**60. Does the biological maternal Grandmother belong to any of the following special populations?**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Amish/Pennsylvania Dutch | <input type="checkbox"/> French Canadian | <input type="checkbox"/> Sardinian         | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ashkenazi Jewish         | <input type="checkbox"/> Kurdish         | <input type="checkbox"/> Sikh              |                                  |
| <input type="checkbox"/> Sephardic Jewish         | <input type="checkbox"/> Farsi           | <input type="checkbox"/> None of the above |                                  |

**61. What is the biological maternal Grandmother's country of birth? \_\_\_\_\_**

- Unknown

**Biological Maternal Grandfather (Mother's father)**

**62. What is the biological maternal Grandfather's race?**

- Caucasian/White* : origins in the original peoples of Europe, the Middle East, or North Africa
- Caucasian/Non White* : Caucasian without origins in Europe, the Middle East, or North Africa
- African American/Black*: origins in any of the black racial groups of Africa
- Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment
- Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet
- Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea
- Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam
- Pacific Islander*: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Mixed* (please describe) → \_\_\_\_\_
- Unknown or Not Reported*

**63. What is the biological maternal Grandfather's ethnicity?**

- Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino* : does not meet the definition above
- Unknown or Not Declared*

**64. Does the biological maternal Grandfather belong to any of the following special populations?**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Amish/Pennsylvania Dutch | <input type="checkbox"/> French Canadian | <input type="checkbox"/> Sardinian         | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ashkenazi Jewish         | <input type="checkbox"/> Kurdish         | <input type="checkbox"/> Sikh              |                                  |
| <input type="checkbox"/> Sephardic Jewish         | <input type="checkbox"/> Farsi           | <input type="checkbox"/> None of the above |                                  |

**65. What is the biological maternal Grandfather's country of birth? \_\_\_\_\_**

- Unknown

## 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 Europe, the Middle East, or North Africa
- Caucasian/Non White* : Caucasian without origins in Europe, the Middle East, or North Africa
- African American/Black*: origins in any of the black racial groups of Africa
- Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment
- Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet
- Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea
- Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam
- Pacific Islander*: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Mixed* (please describe) → \_\_\_\_\_
- Unknown or Not Reported*

#### 67. What is the biological paternal Grandmother's ethnicity?

- Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino* : does not meet the definition above
- Unknown or Not Declared*

#### 68. Does the biological paternal Grandmother belong to any of the following special populations?

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Amish/Pennsylvania Dutch | <input type="checkbox"/> French Canadian | <input type="checkbox"/> Sardinian         | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ashkenazi Jewish         | <input type="checkbox"/> Kurdish         | <input type="checkbox"/> Sikh              |                                  |
| <input type="checkbox"/> Sephardic Jewish         | <input type="checkbox"/> Farsi           | <input type="checkbox"/> None of the above |                                  |

#### 69. What is the biological paternal Grandmother's country of birth? \_\_\_\_\_

- Unknown



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

**70. What is the biological paternal Grandfather's race?**

- Caucasian/White* : origins in the original peoples of Europe, the Middle East, or North Africa
- Caucasian/Non White* : Caucasian without origins in Europe, the Middle East, or North Africa
- African American/Black*: origins in any of the black racial groups of Africa
- Aboriginal/Native American/Alaskan Native*: origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment
- Asian-South Asian*: origins in any of the original peoples of the southern region of the Asian continent, for example, India, Bangladesh, Nepal, Tibet
- Asian-East Asian*: origins in any of the original peoples of east Asia for example mainland China, Taiwan, Japan, Korea
- Asian-Southeast Asian*: origins in any of the original peoples of countries south of China and east of India for example, Cambodia, Indonesia, the Philippines, Thailand, Vietnam
- Pacific Islander*: origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Mixed* (please describe) → \_\_\_\_\_
- Unknown or Not Reported*

**71. What is the biological paternal Grandfather's ethnicity?**

- Hispanic or Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino* : does not meet the definition above
- Unknown or Not Declared*

**72. Does the biological paternal Grandfather belong to any of the following special populations?**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Amish/Pennsylvania Dutch | <input type="checkbox"/> French Canadian | <input type="checkbox"/> Sardinian         | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ashkenazi Jewish         | <input type="checkbox"/> Kurdish         | <input type="checkbox"/> Sikh              |                                  |
| <input type="checkbox"/> Sephardic Jewish         | <input type="checkbox"/> Farsi           | <input type="checkbox"/> None of the above |                                  |

**73. What is the biological paternal Grandfather's country of birth? \_\_\_\_\_**

- Unknown

**Child's Siblings**

74. Does the Child have any siblings?    Yes    No    Unknown

75. If yes, please provide the following information for each of the Child's siblings

**Sibling #1**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #2**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #3**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #4**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #5**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #6**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

**Sibling #7**

Gender:    Male    Female  
 Date of Birth: \_\_\_\_\_ (DD-MMM-YYYY for example 01-Feb-2011)  
 Relationship to Child:  
 Same Mom and Dad    Same Mom    Same Dad    Other

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

**To be completed by clinic staff**

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

**Child's Vaccination Information**

76. Has the Child received any vaccinations?  Yes  No  Unknown

77. Has the Child had the following vaccinations/infectious diseases?

Vaccination	Vaccination shot #1 (MM-YY)	Vaccination shot #2 (MM-YY)	Vaccination shot #3 (MM-YY)	Vaccination shot #4 (MM-YY)	Vaccination shot #5 (MM-YY)	Vaccination shot #6 (MM-YY)	Onset Date of Disease (MM-YY)
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*

Disease	Child History		Family History		
	Yes	Age at Diagnosis	Yes	Relation to Child	Age at Diagnosis
Addison's Disease					
Ankylosing Spondylitis					
Atopic dermatitis/Eczema					
Behcet's Syndrome					
Celiac Disease					
CIDP or Guillain-Barre Syndrome					
Dermatomyositis					
Diabetes: Adult Onset					
Diabetes: Childhood Onset					
Grave's Disease					
Hashimoto's Disease					
Hyperparathyroidism					
Idiopathic 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  
Medical History**

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

**Mental Health**

80. Does the Child have a history of mental health disease(s)? Yes No Unknown

81. Does the Child's family (blood relatives) have a history of mental health disease(s)?  
Yes No Unknown

*Please complete the table below for any child or biological family mental health diseases*

Disease	Child History		Family History		
	Yes	Age at Diagnosis	Yes	Relation to Child	Age at Diagnosis
Anxiety					
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 medical condition(s)? Yes No Unknown

83. Does the Child's family (blood relatives) have a history of major medical condition(s)?  
Yes No Unknown

*Please complete the table below for any child or biological family major medical conditions*

Disease	Child History		Family History		
	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):					

**Patient (Child) and Family  
Medical History**

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

**Other Neurological Illness**

**84. Does the Child have a history of any other neurological illness?**

(e.g. seizures, headaches)

Yes No Unknown

**85. Does the Child's family (blood relatives) have a history of any other neurological illness?**

(e.g. seizures, headaches)

Yes No Unknown

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