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
Child's Demographic Information

Date of enrollment: ________________________ (DD-MMM-YYYY)

### Pediatric MS Clinical Centers

1. Who referred you to this Pediatric MS center? (check all that apply)
   - Pediatrician
   - Other health professional
   - Family Doctor
   - National MS Society
   - Adult neurologist/MS specialist
   - Family or self
   - Adult neurologist/not MS specialist
   - Unknown
   - Child neurologist
   - Other (specify) _________________________________
   - Other doctor

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
7. What is the Child'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

8. What is the Child'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

9. Does the Child 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

10. What is the Child's primary/preferred Language?
- English
- Spanish
- Other (specify) _____________________________
- Unknown

11. Please select the most appropriate primary payer type (insurance or other) for the Child's healthcare:
- Commercial Insurance
- Other Governmental Insurance
- Other
- Medicaid
- Self Pay
- Unknown
- Medicare
- Worker's Compensation
Child's Personal History

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
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 Personal History

Child's Education

21. Is the child currently attending school?  □ Yes  □ No  □ Not Applicable (too young)
If not attending school:
   21a. Is the child receiving home schooling? (formally enrolled in a home school curriculum)
      □ Yes  □ No  □ Unknown
   21b. If not attending school, is the child receiving home tutoring? (planning to return to full days
      at school).
      □ Yes  □ No  □ Unknown

22. Please estimate how many days of school the Child has missed during the last school year due to illness
   __________(number of days)  □ Unknown

23. If the child is in school, does the child currently receive special services?
   □ Yes  □ No  □ Unknown
   If yes → 23a. Does the child receive:
      504 plan accommodations?  □ Yes  □ No  □ Unknown
      Individualized Education Plan (IEP)?  □ Yes  □ No  □ Unknown
      Specific Interventions?  □ Yes  □ No  □ Unknown

   23b. If yes for specific interventions, does the child receive:
      Occupational therapy?  □ Yes  □ No  □ Unknown
      Physical Therapy?  □ Yes  □ No  □ Unknown
      Reading Assistance?  □ Yes  □ No  □ Unknown
      Math Assistance?  □ Yes  □ No  □ Unknown

24. How was the child's school performance before his/her first symptoms?
   □ Above average (for example, mostly As)  □ Failing (for example, mostly Fs)
   □ Average (for example, Bs & Cs)  □ Unknown
   □ Below average (for example, mostly Ds)
Child's Personal History

Site ID __ __ __ __  Subject ID___________

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: ☐ Yes  ☐ No  ☐ Unknown
  - Vegetarian (with eggs and/or milk): ☐ Yes  ☐ No  ☐ Unknown
  - Vegan (no animal products): ☐ Yes  ☐ No  ☐ Unknown
  - No dairy products: ☐ Yes  ☐ No  ☐ 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 Family History

#### 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
- 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)
- Mining
- Retail trade (retailer)
- Construction
- Finance, Insurance, and Real Estate
- Manufacturing (Manufacturer)
- Service
- Transportation, Communications, Public Utilities
- Public Administration (Government)
- Other (specify) _____________________________
Child's Family History

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? __________

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PeMSDD Database Worksheets v1.04, Sep 2011
53. What is the biological Father'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

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

- [ ] English
- [ ] Spanish
- [ ] Other (specify) ________________________
- [ ] Unknown

55. What is the biological Father'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

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

- [ ] Agriculture, Forestry, Fisheries
- [ ] Wholesale trade (wholesaler)
- [ ] Mining
- [ ] Retail trade (retailer)
- [ ] Construction
- [ ] Finance, Insurance, and Real Estate
- [ ] Manufacturing (Manufacturer)
- [ ] Service
- [ ] Transportation, Communications, Public Utilities
- [ ] Public Administration (Government)
- [ ] 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?**
- [ ] Amish/Pennsylvania Dutch
- [ ] Ashkenazi Jewish
- [ ] Sephardic Jewish
- [ ] French Canadian
- [ ] Kurdish
- [ ] Farsi
- [ ] Unknown
- [ ] Unknown or 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?
- Amish/Pennsylvania Dutch
- French Canadian
- Sardinian
- Unknown
- Ashkenazi Jewish
- Kurdish
- Sikh
- Sephardic Jewish
- Farsi
- 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?**

- [ ] **Amish/Pennsylvania Dutch**
- [ ] **French Canadian**
- [ ] **Sardinian**
- [ ] **Unknown**
- [ ] **Ashkenazi Jewish**
- [ ] **Kurdish**
- [ ] **Sikh**
- [ ] **Senseharatic Jewish**
- [ ] **Farsi**
- [ ] **None of the above**

69. **What is the biological paternal Grandmother's country of birth?** _____________________________

- [ ] **Unknown**
Child's Family History

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

73. What is the biological paternal Grandfather's country of birth? ________________________________
   - Unknown
Child's Family History

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*
### Child's Vaccination Information

**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*

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Vaccination shot #1 (MMM-YYYY)</th>
<th>Vaccination shot #2 (MMM-YYYY)</th>
<th>Vaccination shot #3 (MMM-YYYY)</th>
<th>Vaccination shot #4 (MMM-YYYY)</th>
<th>Vaccination shot #5 (MMM-YYYY)</th>
<th>Vaccination shot #6 (MMM-YYYY)</th>
<th>Onset Date of Disease (MMM-YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTP)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Inactivated Poliovirus</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Haemophilus influenzae type B</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Influenza</td>
<td></td>
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</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
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<tr>
<td>Tuberculosis (BCG)</td>
<td></td>
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</tr>
<tr>
<td>Human Papillomavirus (HPV) (e.g. Gardasil)</td>
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<td></td>
</tr>
</tbody>
</table>

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

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

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

Network of Pediatric Multiple Sclerosis Centers  
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19 of 21
**Patient (Child) and Family**

**Medical History**

**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*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Child History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other mental health disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Child History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Major Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization not related to MS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other major medical condition</td>
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</tr>
</tbody>
</table>

Network of Pediatric Multiple Sclerosis Centers  
PeMSDD Database Worksheets v1.04, Sep 2011
## 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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Child History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Age at Diagnosis</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
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</tr>
<tr>
<td>Other neurological Illness (list below):</td>
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