

ID # : \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Respondent: \_\_\_\_\_

**Modified CHARGE Family Medical History \***

Please note if relatives are affected by any of these conditions.

**Family member codes:**

**MGM** Maternal Grandmother **PGM** Paternal Grandmother

**MGF** Maternal Grandfather **PGF** Paternal Grandfather

**For siblings, aunts and uncles, use code from FAMILY MEMBER WORKSHEET (page 5)**

\* Adapted with permission from MIND Institute’s CHARGE Study (Childhood Autism Risks from Genetics and the Environment) and the Centers For Disease Control and Prevention’s CADDRE (Centers for Autism and Developmental Disabilities Research and Epidemiology) Study to Explore Early Development (SEED)

Condition	Child	Biological Mother			Biological Father	Siblings, Aunts, Uncles and Grandparents (Use codes)
	Yes/No	Yes/No	Onset Age	Have during pregnancy with CHILD?	Yes/No	Yes/No (if yes, indicate Family Member Code)
<b>ALLERGIES</b>						
1. Food Allergy. Specify type						
2. Skin Allergy. Specify type						
3. Eczema						
4. Environmental. Specify type						
5. Medication. Specify type						
6. Other allergy. Specify type						
<b>AUTISM SPECTRUM DISORDERS</b>						
7. Autism						
8. Asperger’s Syndrome						

ID # : \_\_\_\_\_

Condition	Child	Biological Mother			Biological Father	Siblings, Aunts, Uncles and Grandparents (Use codes)
	Yes/No	Yes/No	Onset Age	Have during pregnancy with CHILD?	Yes/No	Yes/No (if yes, indicate Family Member Code)
9. Rett's Syndrome						
10. PDD-NOS (Pervasive Development Disorder- Not Otherwise Specified)						
<b>NEURODEVELOPMENTAL DISORDERS</b>						
11. Speech/Language Delay						
12. Developmental Delay						
13. Learning Disability						
14. Seizure disorder/Epilepsy						
14, Cerebral Palsy						
15. Down's Syndrome						
16. Mental Retardation						
17. Tuberous Sclerosis						
18. Fragile X						
19. Neuromuscular disorder						
20. Known Genetic Disorder. Specify						
20a. Testing done? Specify type						
<b>SENSORY</b>						
21. Vision impairment						
21a. Vision corrected?						
22. Hearing impairment						

ID # : \_\_\_\_\_

Condition	Child	Biological Mother			Biological Father	Siblings, Aunts, Uncles and Grandparents (Use codes)
	Yes/No	Yes/No	Onset Age	Have during pregnancy with CHILD?	Yes/No	Yes/No (if yes, indicate Family Member Code)
22a.Hearing corrected?						
<b>MENTAL HEALTH</b>						
23. Bipolar disorder (Manic/depression)						
24. Depression						
25. Anxiety disorder						
26. Obsessive compulsive disorder						
27. Schizophrenia						
28. Personality disorder. Specify type						
29. Self-injuring behavior						
30. Suicide attempt/suicide						
31. Other psychiatric disorder. Specify type						
32. Attention deficit hyperactivity disorder (ADHD)						
33. Eating disorder. Bulimia, Anorexia, Other. Specify type						
34. Sleep disorder. Insomnia, Narcolepsy, Other						
35. Victim of abuse						
36. Substance abuse. Specify type						
<b>OTHER CONDITIONS</b>						
37. Migraine headaches						

ID # : \_\_\_\_\_

Condition	Child	Biological Mother			Biological Father	Siblings, Aunts, Uncles and Grandparents (Use codes)
	Yes/No	Yes/No	Onset Age	Have during pregnancy with CHILD?	Yes/No	Yes/No (if yes, indicate Family Member Code)
38. Irritable bowel syndrome						
39. Other Gastrointestinal disorders						
40. Cancer. Specify type						
41. Congenital Defect (Cleft palate, Cleft lip, other: write in type						
42. Obesity						
43. Sickle cell anemia						
44. Thyroid Disease						
45. Other. Specify condition.						
45a.						
45b.						
45c.						
45d.						

ID # : \_\_\_\_\_

### Family Member Worksheet

Child							
SISTERS	BROTHERS						
Code	Name	Half? P/M	Subject ID	Code	Name	Half? P/M	Subject ID
S1				B1			
S2				B2			
S3				B3			
S4				B4			
S5				B5			
S6				B6			
S7				B7			

Biologic Mother's Family						Biologic Father's Family					
Aunts			Uncles			Aunts			Uncles		
Code	Name	Half? P/M	Code	Name	Half? P/M	Code	Name	Half? P/M	Code	Name	Half? P/M
MA1			MU1			PA1			PU1		
MA2			MU2			PA2			PU2		
MA3			MU3			PA3			PU3		
MA4			MU4			PA4			PU4		
MA5			MU5			PA5			PU5		
MA6			MU6			PA6			PU6		
MA7			MU7			PA7			PU7		