**Comorbidities Case Report Form**

Date that this CRF was filled out:

Name of Laboratory/PI:

Name of person filling out CRF:

Project name/Identifier:

Animal ID or Study ID (as applicable):

**Type of model system:**

**Type of study:**

* Anesthetized / Non-anesthetized
* Endpoint of study
* Pre-defined time point
* Death
* Other

|  |
| --- |
| **Known Comorbidities** |
| Comorbidity | Published record |
| Neurological Comorbidities |  |
|  Depression | ☐ Yes☐ No☐ Unknown |
|  Anxiety | ☐ Yes☐ No☐ Unknown |
|  Sleep Problems | ☐ Yes (\*see below)☐ No☐ Unknown |
|  | \*If yes, describe changes |
|  Cognitive Problems | ☐ Yes (\*see below)☐ No☐ Unknown |
|  | \*If yes, check all areas in which there are deficits |
|  Autism | ☐ Yes☐ No☐ Unknown |
| Is neurological comorbidity:  Genetic   Acquired  Intermittent  Progressive | ☐ Yes☐ No☐ Unknown☐ Yes☐ No☐ Unknown☐ Yes☐ No☐ Unknown☐ Yes☐ No☐ Unknown |
| Respiratory Problems  | ☐ Yes☐ No☐ Unknown |
| Cardiovascular Problems | ☐ Yes☐ No☐ Unknown |
| Movement disorders | ☐ Yes☐ No☐ Unknown |
| Motor function disturbance | ☐ Yes☐ No☐ Unknown |
| Pain intolerance | ☐ Yes☐ No☐ Unknown |
| Endocrine comorbidities | ☐ Yes☐ No☐ Unknown |
| Gastrointestinal comorbidities | ☐ Yes☐ No☐ Unknown |
| Are there any other comorbidities published in this model? | ☐ Yes (\*see below)☐ No☐ Unknown |
|  | \*If yes, list comorbidity |

Considerations

1. Any additional cardiac, pulmonary, nutritional or other comorbidities to add?