**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?