**Supporting Information 7: Additional Phenotypes 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:**

* Mammalian systems (e.g., rodents, other mammals): \_\_\_\_\_\_
* Non-mammalian systems (e.g., *Drosophila*, zebrafish): \_\_\_\_\_\_

**Type of study:**

* Anesthetized: \_\_\_\_\_\_
* Non-anesthetized: \_\_\_\_\_\_

**Endpoint of study:**

* Pre-defined time point: \_\_\_\_\_\_
* Seizure-induced sudden death: \_\_\_\_\_\_
* Other \_\_\_\_\_\_

|  |  |
| --- | --- |
| **Known Phenotypes** | |
| Published record of additional phenotypes in this model (if applicable) | \_\_\_\_ |
| Were additional phenotypes tested?  (The following questions are only for the specific animal. If behaviors weren’t tested, please check “unknown”. | ☐ Yes  ☐ No  ☐ Unknown |
| Neurological Phenotypes |  |
| Depression-like behaviors | ☐ Yes  ☐ No  ☐ Unknown |
| Anxiety-like behaviors | ☐ Yes  ☐ No  ☐ Unknown |
| Memory impairment | ☐ Yes (\*see below)  \*If yes, describe areas in which there are deficits \_\_\_  ☐ No  ☐ Unknown |
| Autism-like behaviors | ☐ Yes  ☐ No  ☐ Unknown |
| Sleep disturbances | ☐ Yes (\*see below)  ☐ No  ☐ Unknown |
|  | \*If yes, describe changes \_\_\_ |
| Comments |  |
| Are neurological phenotypes:  Genetic      Acquired    Intermittent    Progressive | ☐ Yes  ☐ No  ☐ Unknown  ☐ Yes  ☐ No  ☐ Unknown  ☐ Yes  ☐ No  ☐ Unknown  ☐ Yes  ☐ No  ☐ Unknown |
| Additional Phenotypes |  |
| 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 symptoms | ☐ Yes  ☐ No  ☐ Unknown |
| Gastrointestinal symptoms | ☐ Yes  ☐ No  ☐ Unknown |
| Are there any other noticeable phenotypes published in this model? | ☐ Yes (\*see below)  ☐ No  ☐ Unknown |
|  | \*If yes, list symptom |

Abbreviations: CRF: Case Report Form; PI: Principal Investigator

Instructions: Please check boxes where applicable. If none of the predetermined options is appropriate, use the default space to specify your answer. This form is to be filled in for one individual animal, unless otherwise specified.

Please refer to more extensive CRFs, where suitable, as developed by the ILAE/AES Joint Translational Task Force:

Report on preclinical Core CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12234>

Report on preclinical neurobehavioral CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12236>

Report on preclinical physiology CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12261>

Report on preclinical pharmacology model CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12254>

Report on preclinical EEG CDEs

<https://onlinelibrary.wiley.com/doi/10.1002/epi4.12260>