**Medications**

1. Is the participant taking any steroids by mouth currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any steroids by inhaler currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any steroids by IV currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any seizure medications currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any oral contraceptive pills (birth control pills) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any estrogen forms (pill, patch, cream, other) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking Depo-Provera (injectable medroxyprogesterone) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking other progesterone forms (pill, implant, intra-uterine device, other) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any testosterone (injection, patch, gel, other) or HCG (injection) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any medications to stop puberty currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking any bisphosphonates (e.g., alendronate, ibandronate, pamidronate, zoledronate, neridronate) currently?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Has the participant ever taken a bisphosphonate (e.g., alendronate, ibandronate, pamidronate, zoledronate, neridronate) in the past?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking or has ever taken teriparatide (Forteo)?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking or has ever taken denosumab (Prolia)?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking or has ever taken romusuzumab (Evenity)?

[ ]  No

[ ]  Yes

[ ]  Unknown

**Dietary History**

1. What is the participant’s primary source of nutritional intake?

[ ]  By mouth

[ ]  By nasogastric tube

[ ]  By gastric tube

[ ]  By jejunal tube

[ ]  Total parental nutrition (TPN)

[ ]  Other, specify:

[ ]  Unknown

1. Does the participant eat/drink dairy or dairy substitute products?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant lactose intolerant?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking a calcium supplement?

[ ]  No

[ ]  Yes

[ ]  Unknown

1. Is the participant taking a vitamin D supplement?

[ ]  No

[ ]  Yes

[ ]  Unknown

**Fracture History**

1. Has the participant ever had a fracture?

[ ]  Yes

[ ]  No

[ ]  Unknown

* + - 1. How many fractures (if yes)?
			2. Body Site of Fracture. (Fractures of different body sites from the same instance should be recorded separately. Multiple fractures at the same body site should be recorded as 1 entry. If more than 5 fractures, enter data for the 5 most recent fractures.)

[ ]  Face/skull

[ ]  Rib/sternum

[ ]  Upper arm/elbow

[ ]  Lower arm/wrist

[ ]  Hand/Fingers

[ ]  Vertebra/backbone

[ ]  Pelvis

[ ]  Hip

[ ]  Femur

[ ]  Lower leg

[ ]  Foot/toes

[ ]  Collarbone

[ ]  Other, specify:

[ ]  Unknown

* + - 1. Mechanism:

[ ]  Fall from standing

[ ]  Fall from greater than standing

[ ]  Traumatic injury (car accident, fight, etc.)

[ ]  No known injury

[ ]  Unknown

* + - 1. Age at Fracture (Record age in years):
			2. Fracture confirmed in medical record?

[ ]  No

[ ]  Yes

Recorder Signature: Date:

General Instructions

This case report form contains data elements that are collected to describe the bone health of participants.

Responses are obtained from self-report when possible or obtained from parent/legal guardian interview.

Important note: None of the data elements included on this CRF Module are classified as Core (i.e., strongly recommended for all mitochondrial disease clinical studies to collect). All data elements are classified as Supplemental and should only be collected if the research team considers them appropriate for their study.

Please see the Data Dictionary for element classifications.

Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* For bone health evaluation, in particular for, collection and reporting of densitometry in pediatrics and adults, please see detailed guidelines at: [International Society for Clinical Densitometry](http://www.iscd.org/).
* WHO Fracture Risk Assessment Tool can be accessed at: [FRAX Tool](https://frax.shef.ac.uk/FRAX/)
* Position statements are updated regularly and can be accessed at: <https://iscd.org/learn/official-positions/>