1. [\*](#Core)Date medical history taken:

2. \*Does the participant have a history of any medical problems/conditions in the following body systems?

Yes  No (leave rest of form blank)

Table 1. Medical history data collection grid

| Medical History Term | Medical History? | Start Date | Ongoing? | End Date |
| --- | --- | --- | --- | --- |
| **Constitutional** | | | | |
| Failure to thrive\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Short stature\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Microcephaly (congenital)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Microcephaly (acquired or post natal)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Recurrent fevers | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Eyes** | | | | |
| Ptosis/ophthalmoplegia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Blindness/optic atrophy\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Retinitis pigmentosa\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cataracts | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Ears, Nose, Throat** | | | | |
| Hearing loss (sensorineural)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Cardiovascular** | | | | |
| Cardiomyopathy (hypertrophic)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cardiomyopathy (dilatative) | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cardiac conduction delays\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Respiratory** | | | | |
| Chronic obstructive pulmonary disease | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Obstructive sleep apnea\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Asthma | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Recurrent pneumonia | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Gastrointestinal** | | | | |
| Intestinal pseudo-obstruction\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Reflux | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Recurrent vomiting\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Hepatobiliary** | | | | |
| Hepatic failure\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Genitourinary** | | | | |
| Renal failure\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Renal tubular acidosis\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Musculoskeletal** | | | | |
| Myopathy (congenital)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Myopathy (postnatal/acquired)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Muscle wasting\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Recurrent myoglobinuria\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Exercise intolerance\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Motor neuron disease | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Neuromuscular junction abnormalities (congenital) | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Neuromuscular junction abnormalities (acquired) | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Peripheral neuropathy (motor, sensory, motor/sensory)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Bones** | | | | |
| Scoliosis | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Osteopenia/osteoporosis | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Fractures | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Integumentary** | | | | |
| Hirsutism | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Hypopigmentation | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Neurological** | | | | |
| Intellectual disability\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cognitive regression\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Gross motor delay\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Fine motor delay\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Speech and language delay\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Social/adaptive delay\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Selective learning problems\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Memory problems\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Aphasia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Dysphagia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Dystonia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Chorea\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Ataxia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Tremor\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Myoclonus\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Hypotonia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Spasticity\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Myelopathy\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Migraine headaches\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Strokes or stroke like episodes\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Recurrent encephalopathy (Leigh syndrome)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Seizures\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Epilepsy – generalized\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Epilepsy – simple focal\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Epilepsia partialis continua\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Epilepsy – focal dyscognitive\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Myoclonic epilepsy\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Psychiatric** | | | | |
| Autism spectrum disorder\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Attention-deficit/hyperactivity disorder (ADHD)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Depression\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Schizophrenia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Behavior problems (aggression, temper tantrums)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Endocrine** | | | | |
| Diabetes mellitus\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Hypoparathyroidism\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Hematologic/Lymphatic** | | | | |
| Sideroblastic anemia\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Leukopenia | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Thrombocytopenia | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Allergic/Immunologic** | | | | |
| Immunodeficiency | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Allergies, specify | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Perinatal/Postnatal** | | | | |
| Sudden Infant Death Syndrome (SIDS)/Apparent Life-threatening Event (ALTE)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Pregnancy** | | | | |
| Miscarriages | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Acute fatty liver of pregnancy | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Surgeries** | | | | |
| Cochlear implantation\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Ptosis surgery\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cataract surgery | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cardiac transplantation | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Cardiac pacemaker | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| G-tube and fundoplication\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Liver transplantation | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Renal transplantation | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Scoliosis surgery | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Tendoachilles releases | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Other surgery, specify: | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Assistive devices** | | | | |
| Wheelchair | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Orthotics/Ankle Foot Orthotics (AFOs) | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Walker | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Seating | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Augmentative communication device | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Confirmed mitochondrial disorder** | | | | |
| Nuclear encoded (autosomal recessive)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Nuclear encoded (autosomal dominant)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| Nuclear encoded (X-linked recessive)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| mtDNA encoded (maternal point mutation)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| mtDNA encoded (deletion)\* | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |
| **Any Body System** | | | | |
| Other condition, specify: | Yes  No  Unknown | Data to be filled in by site | Yes No | Data to be filled in by site |

Recorder Signature: Date:

## General Instructions

Medical history data are collected to help verify the inclusion and exclusion criteria (e.g., no history of cognitive disabilities), ensure the participant receives the appropriate care and describe the study population. Typically, the Medical History CRF captures conditions that EVER occurred at some point in time within a protocol-defined period (e.g., the last 12 months).

A targeted medical history of conditions known to affect mitochondrial disease participants should be collected.

Important note: Most of the data elements are classified as Core (i.e., strongly recommended for all mitochondrial diease clinical studies to collect) as indicated by asterisks below.

\*Element is classified as Core

The remaining data elements are classified as Supplemental (i.e., non-Core) 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.

* Medical History? – If there is a history of the condition (from Medical History Term column) in the participant, indicate YES, otherwise choose No, or Unknown.
* Start Date – Enter the date when the condition started.
* Ongoing? – If the condition is ongoing, indicate YES, otherwise choose No.
* End Date – If the condition is NOT ongoing, enter the date when the condition ended.
* Date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in an unambiguous format acceptable to the study database like DD-MMM-YYYY. When date/time data are prepared for aggregation or sharing, they should be converted to the format specified by [ISO 8601](https://www.iso.org/iso-8601-date-and-time-format.html);  YYYY-MM-DD T:hh:mm:ss.