1. Has the participant ever been pregnant or contributed sperm to a pregnancy? (Include current pregnancy and any past pregnancies that resulted in early pregnancy loss)

[ ]  Yes, been pregnant (Please go to the next question)

[ ]  Yes, contributed sperm to a pregnancy (Please go to the next question)

[ ]  No (Please go to Menstruation/Contraception section)

[ ]  Unknown (Please go to Menstruation/Contraception section)

1. Please describe the outcome of each pregnancy, for the participant (if the participant was pregnant) or for the pregnant individual (if the participant contributed sperm to the pregnancy), starting with the most recent.

Table for Recording Pregnancy Data (can add more)

| # | Pregnancy Outcome | Date |
| --- | --- | --- |
| 1 | [ ]  Currently pregnant[ ]  Live birth[ ]  Miscarriage[ ]  Other termination[ ]  Still birth | /  |
| 2 | [ ]  Live birth[ ]  Miscarriage[ ]  Other termination[ ]  Still birth | / |
| 3 | [ ]  Live birth[ ]  Miscarriage[ ]  Other termination[ ]  Still birth | / |
| For each pregnancy  | Other comments and outcomes (such as twins, use of fertility drugs or in vitro fertilization, etc.): |  |

## Menstruation/ Contraception

1. Is the participant able to become pregnant? [ ]  Yes [ ]  No [ ]  Unknown
2. Has the participant ever had a menstrual period?[ ]  Yes [ ] No (If No, please go to Short Stature/Growth Hormone Deficiency/Sex Steroid Deficiency section)
	1. If YES, what age was the participant’s first period?
3. Has the participant ever been diagnosed with polycystic ovarian syndrome? [ ]  Yes [ ]  No [ ]  Unknown
4. Does the participant use any forms of contraception to prevent becoming pregnant? [ ]  Yes [ ]  No

[ ]  Unknown

* 1. If YES, indicate all forms of contraception used (Choose all that apply):

**[ ]**  Oral contraceptives –estrogen/progestin pill

**[ ]**  Oral contraceptives – progestin-only pill

**[ ]**  Transdermal patch (e.g., Ortho Evra)

**[ ]**  Shot/injection (e.g., Depo-Provera)

**[ ]**  Vaginal ring (e.g., NuvaRing)

**[ ]** Implantable hormonal device (e.g., Nexplanon)

**[ ]** Hormonal IUD (e.g.,Mirena, Liletta, Skyla)

**[ ]** Non-hormonal IUD (eg., Paraguard)

**[ ]** Abstinence

**[ ]** None of these

1. Is the participant currently pregnant? [ ]  Yes [ ]  No [ ]  Unknown
	1. If YES, indicate the participant’s due date:

## Menopause

1. Does the participant believe they are currently experiencing menopause?[ ]  Yes [ ]  No
	1. If YES, indicate the approximate date of the participant’s last menstrual period:
	2. Has the participant taken hormonal replacement therapy? [ ]  Yes [ ]  No
		1. If YES, specify name of hormonal therapy taken:
		2. If YES, indicate which years the participant started and stopped hormonal therapy:

 Date Started:

 Date Stopped:

## Post-menopause

1. Is the participant post-menopausal?[ ]  Yes [ ]  No [ ]  Unknown
	1. If YES, indicate cause:

[ ]  Advancing age

[ ]  Surgical (complete hysterectomy – ovaries and uterus removed), date:

[ ]  Surgical (partial hysterectomy – only uterus removed), date:

[ ]  Medications or chemotherapy

[ ]  Other, specify:

## Short Stature/Growth Hormone Deficiency/Sex Steroid Deficiency

1. Has the participant ever been diagnosed with short stature? [ ]  Yes [ ]  No [ ]  Unknown
2. Has the participant ever been diagnosed with growth hormone deficiency? [ ]  Yes [ ]  No [ ]  Unknown
	1. If YES, did the participant receive growth hormone? [ ]  Yes [ ]  No [ ]  Unknown
3. Has the participant ever been diagnosed with sex steroid (estrogen/progesterone or testosterone) deficiency? [ ]  Yes [ ]  No [ ]  Unknown
4. If YES, indicate cause:

[ ]  Primary (premature ovarian or testicular insufficiency)

[ ]  Secondary/tertiary (central)

1. If YES, did you receive sex steroids (either estrogen/progesterone or testosterone/HCG)? [ ]  Yes

[ ]  No [ ]  Unknown

## Other Endocrine Disorders

1. Any other known hormone-related/endocrine syndromes or disorders? [ ]  Yes [ ]  No [ ]  Unknown
	1. If Yes, indicate all that apply:

*Thyroid:*

[ ] Hyperthyroidism Age at diagnosis:

[ ] Hypothyroidism Age at diagnosis:

*Adrenal/Pituitary:*

[ ] Adrenal insufficiency Age at diagnosis:

[ ] Cushing’s syndrome Age at diagnosis:

*Calcium:*

[ ] Hypoparathyroidism Age at diagnosis:

*Diabetes/Metabolic:*

[ ] Diabetes (see separate diabetes-specific CRF) Age at diagnosis:

[ ] Dyslipidemia (abnormal cholesterol) Age at diagnosis:

[ ] Exocrine pancreatic insufficiency Age at diagnosis:

[ ] Other, specify: Age at diagnosis:

Recorder Signature: Date:

## General Instructions

This form contains data elements that are collected to describe the reproductive status of participants, as well as capture information about other endocrine disorders.

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 included on this CRF Module 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.

* Has the participant ever been pregnant or contributed sperm to a pregnancy? Choose yes or no. (Include any current pregnancy and any past pregnancies that have resulted in early pregnancy loss.)
* Please describethe outcomeof each pregnancy, of the participant (if the participant was pregnant) or for the pregnant individual (if the participant contributed sperm to the pregnancy), starting with the most recent. Complete the table for each known pregnancy.
* Has the participant ever had a menstrual period? Choose yes or no.
* What age was the participant’s first menstrual period? Indicate age
* Does the participant use any forms of contraception to prevent becoming pregnant (regardless of frequency of menstrual periods)? Choose all that apply
* Is the participant currently pregnant? Choose yes or no. If yes indicate due date.
* Does the participant believe they are currently experiencing menopause? Choose yes, no or unknown. If yes, indicate the approximate date of the last menstrual period and if yes indicate if the participant has taken hormonal replacement therapy. If yes indicate start and stop dates. 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.
* Is the participant post-menopausal? Choose yes, no or unknown. If yes, indicate the reason. If surgical provide date of surgery.
* Any other known hormone-related/endocrine syndromes or disorders? Choose yes, no or unknown. If yes, specify type.