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.