## **ADRENAL Patient Questionnaire**

Thank you for taking your time to contribute to our research. Please fill in the form below to the best of your knowledge.

| Physician Information     |           |
|---------------------------|-----------|
| Survey Completion Date    |           |
| Date Calculation          |           |
| A.D.F                     | R.E.N.A.L |
| Referring Physican        |           |
| Physician's Email Address |           |
| Lead Consultant           |           |
| Institute Address         |           |
| Contact Number            |           |
| Date of Next Consultation |           |



| Patient Data       |  |
|--------------------|--|
| Record for:        | <ul><li>Affected Patient</li><li>Non-affected Family Member</li></ul>  |
| Study ID           |  |
| Hospital Number    |  |
| First Name         |  |
| Middle Name        |  |
| Last Name          |  |
| Date of Birth      |  |
| Gender             | <ul><li>☐ Male</li><li>☐ Female</li></ul>  |
| Ethnicity          | <ul> <li>Non-Finnish European</li> <li>Finnish</li> <li>African</li> <li>Latino</li> <li>South Asian</li> <li>Ashkenazi Jewish</li> <li>East Asian</li> <li>Other</li> </ul> |
| Details            |  |
| Country of Birth   |  |
| Clinical Diagnosis |  |

| Auxology Data                |                       |
|------------------------------|-----------------------|
| Birth Weight (kg)            |                       |
| Birth Length (cm)            |                       |
| Gestational Age (weeks)      |                       |
| Current Height (cm)          |                       |
| Current Weight (kg)          |                       |
| Date of Assessment           |                       |
| Age at Assessment            |                       |
| Maternal Height (cm)         |                       |
| Maternal Weight (kg)         |                       |
| Paternal Height (cm)         |                       |
| Paternal Weight (kg)         |                       |
|                              | ○ Yes<br>○ No         |
| Affected Sibling Information |                       |
|                              | (Please give details) |

| Puberty                          |                          |
|----------------------------------|--------------------------|
| Pubertal Status                  | ☐ Prepubertal ☐ Pubertal |
| Age of Onset of Puberty          |                          |
| Pubertal Staging                 |                          |
| Evidence of Dysregulated Puberty | ○ Yes ○ No               |
| Details                          |                          |
|                                  |                          |

| History                           |                                      |
|-----------------------------------|--------------------------------------|
| Presenting Complaint              |                                      |
| Age of Onset                      |                                      |
| Consanguinity                     | <ul><li>○ Yes</li><li>○ No</li></ul> |
| Parents Relationship              |                                      |
| Please Upload a Family Tree       |                                      |
| Hyperpigmentation                 | <ul><li>○ Yes</li><li>○ No</li></ul> |
| Learning Difficulties             | <ul><li>○ Yes</li><li>○ No</li></ul> |
| Details                           |                                      |
| Disordered Sexual Differentiation | <ul><li> Yes</li><li> No</li></ul>   |
| Details                           |                                      |
| Significant Events                |                                      |
| Additional Conditions or Features |                                      |



| Investigations                                       |  |
|--|--|
| Bone Age and Chronological Age at Time of Assessment |  |
| Cortisol Units                                       | ○ ug/dL<br>○ nmol/l                        |
| Cortisol Level at Diagnosis                          |  |
| Cortisol Level at Diagnosis                          |  |
| Normal Cortisol Range                                |  |
| ACTH Units   | <ul><li>○ pg/ml</li><li>○ pmol/l</li></ul> |
| ACTH Level at Diagnosis                              |  |
| Calculated ACTH Level                                |  |
| Normal ACTH Range                                    |  |
| Renin Units  | <ul><li>○ pg/mL</li><li>○ pmol/L</li></ul> |
| Direct Renin Concentration                           |  |
| Renin Calculation                                    |  |
| Normal Renin Concentration Range                     |  |
| Renin Activity (ng/mL/h)                             |  |
| Aldosterone Units                                    | ○ ng/dL ○ pmol/L                           |
| Aldosterone Level (serum)                            |  |
| Aldosterone Calculated                               |  |
| Normal Aldosterone Range                             |  |
| DHEAS Units  | ○ ug/dL<br>○ umol/L                        |
| DHEAS Level  |  |
| DHEAS Calculated                                     |  |
| Normal DHEAS Range                                   |  |
| Androstenedione Units                                | ∩ ng/dL     ∩ nmol/L                       |
| Androstenedione Level                                |  |
| Androstenedione Calculated                           |  |
| Normal Androstenedione Range                         |  |
| 17-OHP Units   | ∩ ng/dL     ○ nmol/L                       |



Page 7 of 11

| 17-OHP Level                    |               |
|---------------------------------|---------------|
| 17-OHP Calculated               |               |
| Normal 17-OHP Range             |               |
| Additional Biochemistry of Note |               |
|                                 |               |
| Synacthen Test Performed?       | ○ Yes<br>○ No |
| Synacthen Test Results          |               |
|                                 |               |



| Imaging                     |                                  |
|-----------------------------|----------------------------------|
| Adrenal Imaging Performed   | <ul><li>Yes</li><li>No</li></ul> |
| Details                     |                                  |
| Pituitary Imaging Performed | <ul><li>Yes</li><li>No</li></ul> |
| Details                     |                                  |

| Treatment                              |  |
|--|--|
| Steroid Replacement                    | <ul><li>○ Hydrocortisone</li><li>○ Other</li></ul> |
| Hydrocortisone Replacement Dose        |  |
| Alternative Steroid Replacement Regime |  |
| Mineralocorticoid Deficiency           | <ul><li>Yes</li><li>No</li></ul>                   |
| Fludrocortisone Replacement Dose       |  |
| Other Notes Regarding Medication       |  |
|  |  |

| Sample Collection                    |   |
|--------------------------------------|---|
| Blood/DNA Collected?                 | Yes     No  |
| Family Blood/DNA Collected?          | ○ Yes<br>○ No   |
| Family Member DNA                    | <ul> <li>Mother</li> <li>Father</li> <li>Affected Brother</li> <li>Brother</li> <li>Affected Sister</li> <li>Sister</li> <li>Other</li> </ul> |
| Please give details                  |   |
| Other Comments                       |   |
|                                      | (Any other information deemed important)  |
| Please upload anything of importance |   |

**₹EDCap** 

| Laboratory Use Only - Please Proceed to Submit      |   |  |
|---|---|--|
| Please upload anything of importance (consent form) |   |  |
| Please upload anything of importance                |   |  |
| Sample Location                                     |   |  |
| Candidate Genes Sequenced                           | <ul> <li>MC2R - Forward</li> <li>MC2R - Reverse</li> <li>MRAP - Exon 3</li> <li>STAR - Exon 4</li> <li>STAR - Exon 5</li> <li>CYP11A1 - Exon 5</li> </ul> |  |
| Mutation Solved?                                    | ○ Yes ○ No  |  |
| Mutation Diagnosis                                  |   |  |
| Sent for WES  | <ul><li>○ Yes</li><li>○ No</li></ul>  |  |
| Mutation Solved?                                    |   |  |
| Mutation Diagnosis                                  |   |  |

