**Supplementary box 1.**

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| **Hormonal markers tested** |
| **17 OH Progesterone** is an important steroid precursor hormone and is elevated in common forms of congenital adrenal hyperplasia (CAH). It is commonly checked to exclude CAH.  **Androstenedione** is a weak adrenal androgen and precursor of testosterone and estradiol. It is also produced in the ovaries under influence of gonadotrophins and higher levels may predict recovery from FHA. {falsetti 2002}  **Anti-müllerian hormone** is a biomarker of ovarian reserve. It peaks during puberty, then correlates inversely with age from around age 25 years.{Lie Fong 2012}  **Cortisol** is a glucocorticoid produced by the hypothalamic-pituitary-adrenal axis. It has important roles in mobilizing energy stores and may be released in response to external stimuli, such as physical or psychosocial threats or challenges.  **Estradiol** is the major feminizing sex hormone, responsible for the development of secondary sexual characteristics. It is produced from estrone or testosterone, predominantly but not exclusively in the ovaries.  **Inhibin B** is produced in the ovaries in response to FSH and is reflects early-follicular phase follicle activity.{McNeilly 2012}  **LH, FSH** are secreted in a pulsatile manner by the anterior pituitary in response to GnRH, and serve to control gonad function. The **LH:FSH ratio** is elevated in conditions with elevated androgen levels, such as polcystic ovarian syndrome.  **Prolactin** is secreted by the anterior pituitary and is included as part of a complete anterior pituitary function test.  **Sex hormone binding globulin** is produced by the liver and binds androgens and estrogens, limiting the amount of biologically available hormone. It is produced in response to estrogens while its production is reduced by androgens and IGF-1.  **Testosterone** is the main androgen, produced in in men and to a lesser extent women. It is activated to **dihydrotestosterone**, which hashigher androgenic effect, by 5αreductase |