## Imbalance Testing

**Feelings of unsteadiness when standing/walking?** [ ]  Yes [ ]  No

**Falls**

[ ]  Daily

[ ]  Weekly

[ ]  Occasionally

[ ]  Rarely

**Use of assistive device?**

[ ]  Cane

[ ]  Wheelchair

[ ]  N/A

**Tandem Romberg** [ ]  Normal [ ]  Abnormal
(able for 5 seconds)

**Tandem Gait** [ ]  Normal [ ]  Abnormal
(5 paces, unaided)

**Motion-related dizziness** [ ]  Yes [ ]  No
(Dizziness with turning or in motion in a vehicle)

**Duration – How long have you had motion-related dizziness?**

 [ ]  Weeks [ ]  Months [ ]  Years

**Limb Ataxia**(physician-reported)

Upper Extremities [ ]  Yes [ ]  No

Lower Extremities [ ]  Yes [ ]  No

**Ocular movement disorders**Indicate all those that apply. (physician-reported)

[ ]  Jittery movements

[ ]  Saccadic pursuit

[ ]  Downbeat nystagmus

## Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental and should be collected on clinical trials and only if the research team considers them appropriate for their study.