Date of Symptom Onset: MM/DD/YYYY

## Initial Symptoms

Rank primary symptom(s) at onset from 0–5 (5 indicating the worst symptoms, and 0 indicating least important symptoms, or otherwise not important).

Table 1 Initial Symptoms

| Symptom | Scale |
| --- | --- |
| Headache | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Neck pain | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Numbness/Tingling | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Imbalance/Dizziness | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Visual Symptoms | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Auditory Symptoms  | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Fatigue | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Brain Fog | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Cardiac | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |
| Bowel/Bladder | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4[ ]  5 |

## Initial Symptom Severity

Rank primary symptom severity at onset from 0–10 (10 indicating the worst pain).

Table 2 Initial Symptom Severity

| Symptom | Scale |
| --- | --- |
| Headache | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Neck pain | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Numbness/Tingling | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Imbalance/Dizziness | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Visual Symptoms | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Auditory Symptoms  | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Fatigue | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Brain Fog | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Cardiac | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |
| Bowel/Bladder | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ] 5 [ ]  6 [ ]  7[ ]  8 [ ]  9[ ]  10 |

Date of Diagnosis: MM/DD/YYYY

## Initial Diagnostic Test

[ ]  MRI

[ ]  CT

[ ]  Other, specify:

## Diagnostic Service (Medical Specialty)

[ ]  Neurologist

[ ]  PCP

[ ]  Self

[ ]  Other, specify:

Date of Birth MM/DD/YYYY

Height at Onset in

Weight at Onset lbs

## Informational source

[ ]  Self

[ ]  Parent

[ ]  Other family member

[ ]  Other caregiver

[ ]  Friend, spouse, or partner

## Associated problems at diagnosis

Check all that apply.

[ ]  Syringomyelia

[ ]  Basilar Impression

[ ]  Hydrocephalus

[ ]  Pseudotumor cerebri

[ ]  Papilledema

[ ]  Spina bifida

[ ]  Tethered cord syndrome

[ ]  Cervical disc disease

[ ]  Lumbar disc disease

[ ]  Joint hypermobility (EDS)

[ ]  POTS/Fainting/Arrhythmia

[ ]  Sleep disorder

[ ]  Arachnoid cyst

[ ]  Scoliosis

[ ]  Sacral Cysts/Tarlov Cysts/Peri-neuro cysts

## Precipitating Factors

Check all that apply.

[ ]  Motor vehicle accident

[ ]  Childbirth

[ ]  Other trauma

[ ]  Diagnosis in other family member

[ ]  Other medical illness

[ ]  Chiropractic manipulation

[ ]  Dental procedure/Sedation

## 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.