1. Does the participant/subject use mobility devices?  Yes (complete section 1)  No
2. Does the participant/subject use orthoses?  Yes (complete section 2)  No
3. Does the participant/subject use positioning devices?  Yes, specify:  No

Table to Record Usages of Mobility Devices

| Name of Device | Device Used? |
| --- | --- |
| Section 1. Mobility Devices | Intentionally left blank |
| Manual wheelchair | Yes - Full-time use Part-time use  No  Not Applicable |
| Power wheelchair | Yes - Full-time use Part-time use  No  Not Applicable |
| Scooter | Yes  No  Not Applicable |
| Stroller | Yes  No  Not Applicable |
| Standing Dani | Yes  No  Not Applicable |
| Section 2. Orthoses | Intentionally left blank |
| Inserts of any type | Yes  No  Not Applicable |
| Supramalleolar orthotic (SMO) | Yes  No  Not Applicable |
| Ankle-foot orthosis (AFO) | Yes -  Solid  Articulating  DAFO  No  Not Applicable |
| Knee-ankle-foot orthosis (KAFO) | Yes, ischial weight bearing?  Yes  No  Not Applicable |
| Hip-knee-ankle foot orthosis (HKAFO) | Yes  No  Not Applicable |
| Stander | Yes  No  Not Applicable |
| Body jacket/ Thoracic-lumbar-sacral orthoses (TLSO) | Yes  No  Not Applicable |
| Reciprocal gait orthoses (RGO) | Yes  No  Not Applicable |
| Other, specify: | Data to be entered by site |
| Section 3. Positioning Devices | Intentionally left blank |
| Positioning Devices, specify: | Data to be entered by site |

## General Instructions

Information on the external devices used by the participant.

## Specific Instructions

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