## Medical History

Diabetes  Yes  No

Cancer  Yes  No

Hypertension  Yes  No

Stroke/TIA\*  Yes  No

Coronary Artery Disease  Yes  No

Mitral Valve Prolapse  Yes  No

Lyme Disease  Yes  No

Thyroid disease  Yes  No

Asthma  Yes  No

COPD  Yes  No

Glaucoma  Yes  No

Visual Impairment/Legally Blind\*  Yes  No

Hearing Deficit/use of hearing aid\*  Yes  No

Paraplegia/Quadriplegia\*  Yes  No

Other, specify:  Yes  No

## Surgical History

Cardiac Bypass/Stent  Yes  No

Pacemaker  Yes  No

Defibrillator  Yes  No

Prosthetic Implantation  Yes  No

Valve Replacement  Yes  No

Cataract Removal\*  Yes  No

Other, specify:  Yes  No

## Spine

Lower back pain?\*  Yes  No

Leg pain, in general?\*  Yes  No

## Trauma

Head injury?\*  Yes  No

Whiplash injury?\*  Yes  No

Fall on head/neck?\*  Yes  No

## Testing

Are you claustrophobic?  Yes  No

Do you require sedation for testing?  Yes  No

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 or supplemental–highly recommended (\*) and should be collected on clinical trials and only if the research team considers them appropriate for their study.