## 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.