## Chiari List of 10

1. Headache pain/pressure at the back or base of your head, which is almost a daily occurrence\*?

[ ]  Yes [ ]  No

1. General neck pain/stiffness that may radiate to your shoulders\*

[ ]  Yes [ ]  No

1. Frequent prickling, tingling, or numbness in your arms/legs\*?

[ ]  Yes [ ]  No

1. Dizziness with position changes\*

[ ]  Yes [ ]  No

1. Feelings of unsteadiness when standing or walking\*?

[ ]  Yes [ ]  No

1. Headache associated with any feeling of pressure in your eyes/ears or sensitivity to light\*?

[ ]  Yes [ ]  No

1. Headache worsened by straining activities such as: coughing, sneezing, shouting, laughing, crying, bowel movements, sexual activity, or lifting\*?

[ ]  Yes [ ]  No

1. Complaints of chronic fatigue, short-term memory loss, or irritability\*?

[ ]  Yes [ ]  No

1. Generalized weakness/stiffness of your arms and legs\*?

[ ]  Yes [ ]  No

1. Complaints of shortness of breath, blurred vision, ringing in your ears, urinary urgency, or heart palpitations\*?

[ ]  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-highly recommended (\*) and should be collected on clinical research studies when appropriate for their study.