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.