1. Does the participant use mobility devices? [ ]  Yes (complete section 1) [ ]  No
2. Does the participant use orthoses? [ ]  Yes (complete section 2) [ ]  No
3. Does the participant use positioning devices? [ ]  Yes (complete section 3) [ ]  No
4. Does the participant use ADL devices? [ ]  Yes (complete section 4) [ ]  No
5. Does the participant use transfer/transportation devices?

 [ ]  Yes (complete section 5) [ ]  No

1. Does the participant use communication devices? [ ]  Yes (complete section 6) [ ]  No

Table to Record Usages of External Devices

| Name of Device | Device Used? |
| --- | --- |
| Section 1. Mobility Devices | Intentionally left blank |
| Manual wheelchair | [ ]  Yes – If yes, [ ]  Full-time [ ]  Part-time Use distance – [ ]  Long distance [ ]  Short distanceUsed at: [ ]  Home [ ]  School/Work [ ]  Community [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Propel – [ ]  Independent [ ]  Partial Independence[ ]  Dependent [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Power assist wheelchair | [ ]  Yes – If yes, [ ]  Full-time [ ]  Part-timeUse distance – [ ]  Long distance [ ]  Short distanceUsed at: [ ]  Home [ ]  School/Work [ ]  Community [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Propel – [ ]  Independent [ ]  Partial Independence[ ]  Dependent [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Power wheelchair | [ ]  Yes – If yes, [ ]  Full-time [ ]  Part-timeUse distance – [ ]  Long distance [ ]  Short distanceUsed at: [ ]  Home [ ]  School/Work [ ]  Community [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Propel – [ ]  Independent [ ]  Partial Independence[ ]  Dependent [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Scooter | [ ]  Yes – If yes, [ ]  Full-time [ ]  Part-timeUse distance – [ ]  Long distance [ ]  Short distanceUsed at: [ ]  Home [ ]  School/Work [ ]  Community [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Medical / Adaptive Stroller | [ ]  Yes – If yes, [ ]  Full-time use [ ]  Part-time use[ ]  No |
| Walker | [ ]  Yes – If yes, [ ]  Full-time use [ ]  Part-time useType of walker: [ ]  Reverse Rolling Walker[ ]  Front or Forward Walker (no wheels, two- wheeled, or four wheeled)[ ]  No |
| Gait Trainer / Weight Supported Walkers | [ ]  Yes – If yes, [ ]  Full-time use [ ]  Part-time use[ ]  No |
| Crutches | [ ]  Yes – If yes, [ ]  Full-time use [ ]  Part-time useType of crutches – [ ]  Lofstrand or Forearm Crutches[ ]  Bilateral[ ]  Unilateral [ ]  Underarm[ ]  Bilateral[ ]  Unilateral [ ]  Other, specify[ ]  No |
| Cane / Stick | [ ]  Yes – If yes, [ ]  Single Point Cane[ ]  Bilateral[ ]  Unilateral[ ]  Quad Cane[ ]  Bilateral[ ]  Unilateral[ ]  No |
| Other mobility devices, specify: | Data to be entered by site |
| Section 2. Orthoses | Intentionally left blank |
| Shoe Inserts of any type | [ ]  Yes – If yes, [ ]  Bilateral [ ]  Unilateral[ ]  No |
| Supramalleolar orthotic (SMO) | [ ]  Yes – If yes, [ ]  Bilateral [ ]  Unilateral[ ]  No |
| Ankle-foot orthosis (AFO) | [ ]  Yes – If yes:[ ]  Solid: [ ]  Bilateral [ ]  Unilateral[ ]  Articulating: [ ]  Bilateral [ ]  Unilateral[ ]  Dynamic Ankle Foot Orthosis (DAFO): [ ]  Bilateral [ ]  Unilateral[ ]  Posterior Leaf Spring (PLS):[ ]  Bilateral [ ]  Unilateral[ ]  Carbon Fiber:[ ]  Bilateral [ ]  Unilateral[ ]  No |
| Knee-ankle-foot orthosis (KAFO) | [ ]  Yes – If yes, [ ]  Bilateral [ ]  Unilateral[ ]  No |
| Hip-knee-ankle foot orthosis (HKAFO) | [ ]  Yes – If yes, [ ]  Bilateral [ ]  Unilateral[ ]  No |
| Dynamic Upper Extremity Orthosis/Splints | [ ]  Yes – If yes,

|  |  |
| --- | --- |
| Left | Right |
| [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use | [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use |
| Anatomic Site:[ ]  Thumb[ ]  Wrist/hand [ ]  Hand/fingers[ ]  Elbow | Anatomic Site:[ ]  Thumb[ ]  Wrist/hand [ ]  Hand/fingers[ ]  Elbow |

[ ]  No |
| Static Upper Extremity Orthosis/Splints | [ ]  Yes – If yes,

|  |  |
| --- | --- |
| Left | Right |
| [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use | [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use |
| Anatomic Site:[ ]  Thumb[ ]  Wrist/hand [ ]  Hand/fingers[ ]  Elbow | Anatomic Site:[ ]  Thumb[ ]  Wrist/hand [ ]  Hand/fingers[ ]  Elbow |

[ ]  No |
| Dynamic Lower Extremity Stretching Orthosis/Splints | [ ]  Yes – If yes,

|  |  |
| --- | --- |
| Left | Right |
| [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use | [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use |
| Anatomic Site:[ ]  Ankle[ ]  Knee[ ]  Hip | Anatomic Site:[ ]  Ankle[ ]  Knee[ ]  Hip |

[ ]  No |
| Static Lower Extremity Stretching Orthosis/Splints | [ ]  Yes – If yes,

|  |  |
| --- | --- |
| Left | Right |
| [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use | [ ]  Daytime use[ ]  Full-time use [ ]  Part-time use[ ]  Night time use |
| Anatomic Site:[ ]  Ankle[ ]  Knee[ ]  Hip | Anatomic Site:[ ]  Ankle[ ]  Knee[ ]  Hip |

[ ]  No |
| Other orthosis, specify: | Data to be entered by site |
| Section 3. Positioning Devices | Intentionally left blank |
| Seated or Lying Position Device | [ ]  Yes – If yes:[ ]  Abduction wedge[ ]  Saddle seats/Bolster seats [ ]  Seat inserts [ ]  Corner chair[ ]  No |
| Stander | [ ]  Yes – If yes:Number of minutes per day\_\_\_\_\_Number of days per week\_\_\_\_\_[ ]  No |
| Truncal Support Devices | [ ]  Yes – If yes:[ ]  Neoprene trunk support[ ]  Thoracic-lumbar-sacral orthoses (TLSO)[ ]  Body jacket[ ]  Sitting Support Orthosis (SSO)[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Other, specify: |  |
| Section 4. ADL Devices | Intentionally left blank |
| Eating / Drinking Assistive Devices | [ ]  Yes – If yes,[ ]  Cutlery / Chopsticks[ ]  Plates / Bowls[ ]  Cups, Mugs, Drinking Aids (e.g., Straws, grip adapters / attachments)[ ]  Stoppers and Funnels[ ]  Bib / Clothing Protectors[ ]  Feeding Systems (enteral / parenteral)[ ]  Feeding Apparatus (manual)[ ]  Food Guards[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Bathing Devices | [ ]  Yes – If yes,[ ]  Bath chair/Bench[ ]  Roll-in shower[ ]  Removable shower head[ ]  Bathroom grab bars[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Toileting Devices | [ ]  Yes – If yes,[ ]  Toilet chair/Commode[ ]  Toilet riser/Adaptive seat over toilet[ ]  Bathroom grab bars[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Other, specify |  |
| Section 5. Transfer/Transportation | Intentionally left blank |
| Transfer Devices | [ ]  Yes – If yes,[ ]  Transfer bars[ ]  Transfer slings/belts[ ]  Transfer boards[ ]  Lift system (e.g., Hoyer, ceiling track system)[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Transportation Devices | [ ]  Yes – If yes,[ ]  Adaptive car seat/Booster seat[ ]  Vehicle Lifts (e.g., Platform/Rotary)[ ]  Seating restraints (e.g., Manual, Electronic, Torso, Wheel Wells)[ ]  Vehicle with driver modifications[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Other, specify: |  |
| Section 6. Communication Devices | Intentionally left blank |
| Speaking Communication Device  | [ ]  Yes – If yes,[ ]  iPad[ ]  App used, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Android[ ]  App used, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Dedicated Speech Generating Device (used for communication)[ ]  Specify device manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Specify device:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g., Attainment GoTalk 20, Dynavox Maestro, PRC Accent 1000, Ablenet Step-by-Step)[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Non-Speaking Communication Device  | [ ]  Yes – If yes,[ ]  Communication Book or Board[ ]  Pictures/Picture Exchange Communication System (PECS)[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Access Communication Device | [ ]  Yes – If yes,Uses:[ ]  Finger[ ]  Eye gaze[ ]  Another body part, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Head or chin pointer[ ]  Brain-computer interface[ ]  One or more switches, device scans between messages[ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Other, specify: |  |

## 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.