## Imbalance Testing

**Feelings of unsteadiness when standing/walking?**  Yes  No

**Falls**

Daily

Weekly

Occasionally

Rarely

**Use of assistive device?**

Cane

Wheelchair

N/A

**Tandem Romberg**  Normal  Abnormal  
(able for 5 seconds)

**Tandem Gait**  Normal  Abnormal  
(5 paces, unaided)

**Motion-related dizziness**  Yes  No  
(Dizziness with turning or in motion in a vehicle)

**Duration – How long have you had motion-related dizziness?**

Weeks  Months  Years

**Limb Ataxia**(physician-reported)

Upper Extremities  Yes  No

Lower Extremities  Yes  No

**Ocular movement disorders**Indicate all those that apply. (physician-reported)

Jittery movements

Saccadic pursuit

Downbeat nystagmus

## 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.