1. Does the participant/subject use mobility devices? [ ]  Yes (complete section 1) [ ]  No
2. Does the participant/subject use orthoses? [ ]  Yes (complete section 2) [ ]  No
3. Does the participant/subject use positioning devices? [ ]  Yes, specify: [ ]  No

Table to Record Usages of Mobility Devices

| Name of Device | Device Used? |
| --- | --- |
| Section 1. Mobility Devices | Intentionally left blank |
| Manual wheelchair | [ ]  Yes - [ ] Full-time use [ ] Part-time use[ ]  No[ ]  Not Applicable |
| Power wheelchair | [ ]  Yes - [ ] Full-time use [ ] Part-time use[ ]  No[ ]  Not Applicable |
| Scooter | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Stroller | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Standing Dani | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Section 2. Orthoses | Intentionally left blank |
| Inserts of any type | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Supramalleolar orthotic (SMO) | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Ankle-foot orthosis (AFO) | [ ]  Yes - [ ]  Solid [ ]  Articulating [ ]  DAFO[ ]  No[ ]  Not Applicable |
| Knee-ankle-foot orthosis (KAFO) | [ ]  Yes, ischial weight bearing? [ ]  Yes[ ]  No[ ]  Not Applicable |
| Hip-knee-ankle foot orthosis (HKAFO) | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Stander | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Body jacket/ Thoracic-lumbar-sacral orthoses (TLSO) | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Reciprocal gait orthoses (RGO) | [ ]  Yes[ ]  No[ ]  Not Applicable |
| Other, specify: | Data to be entered by site |
| Section 3. Positioning Devices | Intentionally left blank |
| Positioning Devices, specify: | Data to be entered by site |

## 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.