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going to pass out or fainting? YES NO

7) Have you fallen in the past 12 months due to a problem with dizziness or balance YES NO

If a person says "Yes" to questions 1, 2, or 3 above or "Yes" to both 5 and 6 above then s/he is ineligible.

BALANCE TEST RESULTS

Test 1 complete Yes No

Result for (eyes open, stand on firm surface) Passed Failed (not still 20 seconds)

Accelerometer vector magnitude score (for swaying) _____

Test 2 complete Yes No

Result for (eyes closed, stand on firm surface) Passed Failed (not still 20 seconds)

Accelerometer vector magnitude score (for swaying) _____

Test 3 complete Yes No

Result for (eyes open, stand on soft surface) Passed Failed (not still 20 seconds)

Accelerometer vector magnitude score (for swaying) _____

Test 4 complete Yes No

Result for (eyes closed, stand on soft surface) Passed Failed (not still 20 seconds)

Accelerometer vector magnitude score (for swaying) _____

Test 5 complete Yes No

Result for (eyes closed, stand on soft surface, head moving) Passed Failed (not still 20 seconds)

Accelerometer vector magnitude score (for swaying) _____

REASONS BALANCE TEST INCOMPLETE OR NOT DONE

Physical limitation

Participant refusal

Participant ill/emergency

Out of time

Equipment failure

Communication problem

DYNAMIC VISUAL ACUITY TEST RESULTS

Test 1 complete ___ Yes ___ No

Corrected bioptic visual acuity (while head is still) ___ / ___ (for example 20/20 vision)

Test 2 complete ___ Yes ___ No

Corrected bioptic visual acuity (while head is moving side to side) ___ / ___ (for example 20/80 vision)

REASONS DYNAMIC VISUAL ACUITY TEST INCOMPLETE OR NOT DONE

- Physical limitation
- Participant refusal
- Participant ill/emergency
- Out of time
- Equipment failure
- Communication problem

QUESTIONS ABOUT CORRECTIVE LENSES

If the participant is wearing glasses, the health technician will ask the following questions:

1) ARE THE GLASSES YOU ARE WEARING SINGLE VISION OR MULTI-VISION?

SINGLE VISION

MULTI-VISION

IF YES TO QUESTION 1,

1a) WHAT TYPE OF MULTI-VISION GLASSES ARE THEY?

BI-FOCALS

TRI-FOCALS

PROGRESSIVES

1b) DO YOU USUALLY WEAR THOSE GLASSES DURING THE DAY?

YES

NO

1c) HAVE YOU BEEN WEARING THE GLASSES CONTINUALLY FOR THE PAST HOUR OR MORE??

YES

NO

If the participant is not wearing glasses, the health technician will ask the following questions instead:

1) ARE YOU CURRENTLY WEARING CONTACT LENSES?

YES

NO

IF YES TO QUESTION 1,

1A) ARE THE CONTACTS YOU ARE WEARING SINGLE VISION OR MULTI-VISION?

SINGLE VISION

MULTI-VISION

1B) DO YOU USUALLY WEAR CONTACTS DURING THE DAY?

YES

NO

1C) HAVE YOU BEEN WEARING THE CONTACTS CONTINUALLY FOR THE PAST HOUR OR MORE?

YES

NO

EXAMPLE CONTRAST SENSITIVITY FORM

