Appendix

Participant Information Sheet

Subject Number: ___________  Date: ________________

- Age____
- Have you ever been diagnosed with a vestibular dysfunction?
  - Y  N
  - If Y, Explain: ______________
- Have you ever been diagnosed with peripheral neuropathy?
  - Y  N
  - If Y, Explain: ______________
- Are you physically able to stand for thirty (30) minutes?
  - Y  N
- Have you suffered a recent lower body injury?
  - Y  N
  - If Y, Explain: ______________

<table>
<thead>
<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>Height</td>
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<tr>
<td>Weight</td>
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<tr>
<td>Dominate Foot</td>
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</table>
How long (years) have you been consistently exercising or training?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

How many hours do you train on an average week?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What forms of exercise or training to you perform?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Of the forms of exercise or training that you perform, which do you do most often?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________