

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: _____

Gender	M F
Height	
Weight	
Dominate Foot	

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?
