

**Participant Intake Form**

Date of birth: \_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_

Dominant hand: L / R

Do you have any visual impairments? Yes / No (circle one)

If you answered yes to the question above, how old were you when you became visually impaired? \_\_\_\_\_\_\_ years

What was the cause of your visual impairment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have experience handling a guide dog? Yes / No (circle one)

If yes, for how long have you been using a guide dog for mobility assistance? \_\_\_\_\_\_ years

In that time, how many guide dogs have you utilized? \_\_\_\_\_\_

On what side do you use your guide dog? Left / Right (circle one)

What is the style of the harness you use? Nylon / Leather / Plastic (circle all that apply)

What guide dog school trained your dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the severity rating of your visual impairment?\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have any muscle, bone, or joint pain? Yes / No (circle one)

If yes, please explain which joints and for how long you have had pain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a medical diagnosis regarding the cause of your pain? Yes / No (circle one) If yes, what is the diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been diagnosed with any of the following conditions? Circle any that may apply: stroke, scoliosis, ankle sprain, degenerative disk disease, spinal stenosis, hip or knee osteoarthritis, rheumatoid arthritis or other rheumatic disease.

Do you have a history of artificial joint replacement or spinal surgery? Yes / No (circle one)

If yes, please specify which joint or surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you bothered by shoulder pain? Yes / No (circle one)

If yes, which shoulder? Left / Right / Both (circle one)

Approximately when did the pain start? \_\_\_\_\_\_\_

State the cause of your pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you participate in a regular fitness program? Yes / No (circle one) If yes, please state your type of exercise, frequency, and duration:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else you feel we need to know about your visual or orthopedic history? If yes, please explain below.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For researcher use only:**

Patient study number: \_\_\_\_\_\_\_\_

L LE length (cm): \_\_\_\_\_\_\_

R LE length (cm): \_\_\_\_\_\_\_