Please answer the questions below honestly and to the best of your knowledge.

Name:

Phone Number:

1. Male Female

2. Are you between the ages of 18 and 35? Yes No

3. How many days a week do you workout? 1 2 3 4 5+

4. What is the intensity that you work out? Minor Moderate Vigorous

5. How long do you work out for? <10 mins 10-20 mins 20-29 mins 30+ mins

6. Do you have a history of ankle sprains? Yes No

If yes, how many per ankle have you had? Right

Left

If yes, were any of the sprains in the past 6 months? Yes No

7. Have you had a feeling of “giving way” in either ankle in the past six months? Yes No

If yes, which ankle have you felt that feeling in? Right Left Both

8. Have you had any lower extremity injury in the past 6 months besides an ankle sprain? Yes No

9. Have you had a concussion in the past year? Yes No

If yes, do you have any symptoms left from the concussion? Yes No

10. Do you have any inner ear problems, either injury to or current illness? Yes No

11. Do you have any vision problems that cannot be corrected by using corrective eyewear? Yes No

12. Do you easily experience symptoms of motion sickness? Yes No