Please answer the questions below honestly and to the best of your knowledge. You can answer every question, some of the questions, or none of the questions. Your participation is totally voluntary.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (used to schedule ankle rehabilitation sessions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Male 🞏 Female 🞏

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

3. How many days a week do you currently exercise? 1 🞏 2 🞏 3 🞏 4 🞏 5+ 🞏

4. What is the typical intensity of your workouts? Mild 🞏 Moderate 🞏 Vigorous 🞏

5. What is the typical length of your workouts?

🞏 <10 min

🞏 10-20 min

🞏 20-29 min

🞏 > 30 min

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

If “yes”, how many sprains have you had in each ankle? Right \_\_\_\_\_\_\_\_\_ Left \_\_\_\_\_\_\_\_\_

If “yes”, did any of the sprains occur 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 experienced “giving way”? Right 🞏 Left 🞏 Both 🞏

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

9. Have you had a concussion in the last 12 months? Yes 🞏 No 🞏

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

11. Do you have any vision problems that are not corrected with prescription eyewear? Yes 🞏 No 🞏

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