

Inclusion/Exclusion Criteria

STUDY NAME

Pt_ID: _____

Date: __/__/____
d d m m y y y y

Visit Type: ☐ Screening ☐ Procedure

Inclusion Criteria

Participant must:

- | | | |
|--|------------------------------|-----------------------------|
| 1. <u>Have injury at C3-C6 ASIA A or cervical ASIA B-C</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <u>Be 18 + years old</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <u>1+ years post injury</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <u>Be medically Stable</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. <u>Be able to follow instructions</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. <u>Be able to respond to questions</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. <u>Able to see in adequate light</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: All inclusion criteria must be answered YES to be included in study.

Exclusion Criteria

Participant must not:

- | | | |
|---|------------------------------|-----------------------------|
| 1. <u>Have significant concurrent complications</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. <u>Have cognitive impairment</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. <u>Have <1 hour sitting tolerance</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. <u>Have Severe hearing or visual deficiency</u> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: All exclusion criteria must be answered NO to be included in study.

Did the participant meet the eligibility requirements for this study? ☐ Yes ☐ No

Signature: _____ Date: _____

Printed Name: _____