Participate in Clinical Research

Research Registry
Currently recruiting participants

Are you interested in participating in clinical research?

We are looking for participants, including healthy volunteers, to join our research registry. The purpose of the research registry is to allow investigators within the Burke Neurological Institute to recruit participants for upcoming and current clinical trials.

For more information contact 914.597.2153

The Burke Neurological Institute is dedicated to finding cures for chronic neurological disabilities. We translate groundbreaking research into clinical treatments so that people can see, talk, and walk again.

burke.weill.cornell.edu/clinical-trials

Registry Questionnaire

Demographic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date of Birth</th>
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<td>Month</td>
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Street Address

City | State | Zip Code

Home Phone Number | Preferred Method of Contact

Cell Phone Number | Current Living Situation

Email Address | Veteran

Yes | No

Emergency Contact Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Phone Number</th>
</tr>
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<tbody>
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<td>Month</td>
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Medical History

Diagnosis

Stroke

- Ischemic
- Hemorrhagic
- Multiple
- Unknown

Spinal Cord Injury

- Check all that apply

- Incomplete
- Complete

- Cervical
- Thoracic
- Lumbar
- Unknown

Injury Level & ASIA Level (if known)

Movement Disorder

- Parkinson’s
- Cerebellar Ataxia
- Unknown

Traumatic Brain Injury

Other

None

Questionnaire continued on back
Registry Questionnaire Continued

Medical History

Affected Areas *Check all that apply*
- Motor
- Pain & Sensation
- Cognitive
- Vision
- Speech & Language
- None

Handedness before neurological injury or disorder?
- Left
- Right

History of seizure?
- Yes
- No

Metal in body?
- Pacemaker
- Other
- None

History of brain surgery?
- Yes
- No

Can you perform everyday tasks independently?
- Yes
- No

If No, Caregiver assist required
- 24 Hours
- As Needed

Are you able to sit without assistance?
- Yes
- No

Can you walk?
- Yes, without assistance
- Yes, with assistance
- No

Do you use an assistive device?
- Cane
- Walker
- Wheelchair
- None

Other Pertinent Medical Conditions

Other Functional Abilities

- Metal in body?
- Pacemaker
- Other
- None

- History of brain surgery?
- Yes
- No

- Can you perform everyday tasks independently?
- Yes
- No

- If No, Caregiver assist required
  - 24 Hours
  - As Needed

- Are you able to sit without assistance?
- Yes
- No

- Can you walk?
  - Yes, without assistance
  - Yes, with assistance
  - No

- Do you use an assistive device?
  - Cane
  - Walker
  - Wheelchair
  - None

Areas of Interest

*Check all that apply*
- Motor - Upper Extremity
- Pain & Sensory
- Vision
- Motor - Lower Extremity
- Cognitive
- Speech & Language
- Other