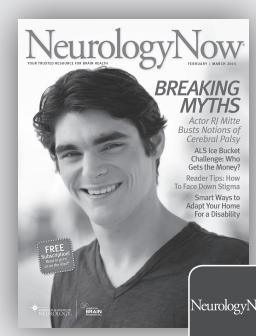

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Please tell us more about yourself

1. **Which of the following categories best describes you?** *Please check one*
   - **A)** ❑ Person with a neurological disorder
   - **B)** ❑ Caregiver, Friend or family member of someone with a neurological disorder
   - **C)** ❑ Professional with an interest in Neurology
   - **D)** ❑ Other

2. **Which of the following disorders/symptoms are you or your friend/family member interested in?** *Please check all that apply*
   - **U)** ❑ ALS/Lou Gehrig's Disease
   - **L)** ❑ Alzheimer's Disease/Dementia
   - **A)** ❑ Anxiety
   - **P)** ❑ Attention Deficit Disorder
   - **V)** ❑ Autism
   - **I)** ❑ Brain Health
   - **W)** ❑ Brain Tumor
   - **T)** ❑ Cerebral Palsy
   - **X)** ❑ Depression
   - **F)** ❑ Epilepsy
   - **B)** ❑ Fatigue
   - **K)** ❑ Migraine/Headaches
   - **E)** ❑ Multiple Sclerosis
   - **S)** ❑ Myasthenia Gravis
   - **M)** ❑ Pain
   - **G)** ❑ Parkinson's Disease/Movement Disorders
   - **H)** ❑ Peripheral Neuropathy
   - **R)** ❑ Restless Legs Syndrome
   - **Y)** ❑ Shingles
   - **J)** ❑ Sleep Disorders
   - **C)** ❑ Spinal Cord Injury
   - **N)** ❑ Stroke
   - **D)** ❑ Traumatic Brain Injury/Concussion
   - **Z)** ❑ Other

3. **How long ago was the diagnosis made for you or the person you care for?** *Please check one*
   - A) ❑ Less than 3 months ago
   - B) ❑ 3-12 months ago
   - C) ❑ 1-3 years ago
   - D) ❑ 4-10 years ago
   - E) ❑ More than 10 years ago

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