

Wii Project Intake Form

Date: _____

Investigator(s) Name(s) _____

Subject Name _____

Wii Group

Control Group (Circle one)

Age _____

Body Fat (low, normal, high) _____

End of semester body fat _____

Typical Exercise Regimen _____

Cause of brain disorder _____

Part of brain affected _____

When did symptoms start? _____

Smoke? _____ How much? _____

Drink alcohol? _____ How much? _____

Additional Comments?