**CONCLUSIONS**

- Data from the global, cross-sectional, mixed-methods study involving persons with SCA highlight the significant burden that major motor challenges (including loss of repetitive activities, impaired mobility, loss of balance and difficulty going on QOL).

- More than 40 distinct SCA genotypes, with genotypes 1, 2, 3, and 6 being the most common worldwide.

- PWSCA experience gait disturbances, lack of motor coordination, loss of balance and associated falls, challenges with speech and swallowing, and cognitive impairment due to the impact of social service access and QOL.

- Further, SCA1 was significantly more impacted on mental and social well-being and overall quality of life (BFI).

- The overall disease burden across different SCA1, SCA2, SCA3, and SCA6 categories was significantly impacted on mental and social well-being, and overall quality of life (SF-36).

- This study describes burden of disease experiences of PWSCA, including persons with SCA1, SCA2, SCA3, and SCA6, and their caregivers.

**METHODS**

**Participants & Recruitment**

- Participants with SCA1, SCA2, SCA3, SCA6, or SCAD and/or family members were eligible for participation in the study.

**Study Design**

- Phase 1: Online Survey
- Phase 2: Follow-up Surveys

**Participant Disposition**

- The majority of participants indicated they were not always afraid of falls (and the potential damage that the fall might inflict on me). This could open up a already existing cosmetic surgery activities.

- "To have medical availability would improve the life of myself and family. I could not worry about the future. We are not able to plan because I don’t know how much our health will be." (PWSCA1)

**RESULTS**

- Interviews included open-ended questions regarding disease burden, which were developed through a comprehensive review of the medical literature and disease experiences from persons with spinocerebellar ataxia (PWSCA) and their caregivers.

**DISCLOSURES**

- All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Funding**

- No funding was received for this study.

**Role of the funding source**

- The sponsor had no role in the study design, data collection, data analysis, data interpretation, or writing of the report.

**Conflict of interest**

- The authors declare that they have no conflict of interest.

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**References**


**APPENDIX**

- Table 1. Participant Attrition
- Table 2. Sample Characteristics: Study Population
- Table 3. SF-36 Scores by SCAD Type
- Table 4. Participant-Reported Descriptive Data
- Table 5. Classification Guidelines Regarding Falls and Discordant Therapeutic Outcomes

**Figure Legends**

- Figure 1. Distribution of SCA genotypes in the study population.
- Figure 2. Distribution of SCA genotypes in the study population.
- Figure 3. Number of Falls by SCA Type in the Past Year
- Figure 4. Impact of Fall on Living and/or Loss of SF-36

**Texts and Tables**

- Table 1: Participant Attrition
- Table 2: Sample Characteristics: Study Population
- Table 3: SF-36 Scores by SCAD Type
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**References**
