

EH1

ID _____

Date / /
 m m d d y y

Please indicate your preferences in the use of hands in the following activities by circling ONE ANSWER for each question. Some of the activities require the use of both hands. In these cases the part of the task, or object, for which hand preference is wanted is indicated in parentheses.

Please try to answer all the questions, and only leave a blank if you have no experience at all with that object or task.

- Answers:
- 1 You prefer to use the left and would try the right only if absolutely forced to.
 - 2 You prefer to use the left.
 - 3 You could use either left or right without preference.
 - 4 You prefer to use the right.
 - 5 You prefer to use the right and would try the left only if absolutely forced to.

	ALWAYS LEFT	PREFER LEFT	DON'T PREFER	PREFER RIGHT	ALWAYS RIGHT
1. Writing	1	2	3	4	5
2. Drawing	1	2	3	4	5
3. Throwing	1	2	3	4	5
4. Scissors	1	2	3	4	5
5. Toothbrush	1	2	3	4	5
6. Knife (without fork)	1	2	3	4	5
7. Spoon	1	2	3	4	5
8. Broom (upper hand)	1	2	3	4	5
9. Striking match (match)	1	2	3	4	5
10. Opening box (lid)	1	2	3	4	5
11. Which foot do you prefer to kick with?	1	2	3	4	5
12. Which eye do you use when using only one?	1	2	3	4	5