Protocol ID:	Study Subject ID:
Study Name:	Interviewer Name:
Site:	Interview Date:
Event Name:	
Event Date:	
	BLSA Lateral Dominance - Ver. 1.0
Section Title: Lateral Do	minance
Instructions:	
Date Completed	☐ Blank
Tester ID	
Would you describe your handedness as	○ Right ○ Left ○ Ambidextrous Click to deselect entry
Did you ever change your writing hand?	○ Yes ○ No Click to deselect entry
If yes, at what age	
Why did you change? (for example, societal pressure, injury, etc.)	
	ndicate your preference in the use of hands in the following activities. Soome of the activities require s, the part of the task or object for which handed preference is wanted is indicated in parentheses. e questions.
Writing	O Left Always O Left Usually O Equally O Right Usually O Right Always Click to deselect entry
Drawing	O Left Always O Left Usually O Equally O Right Usually O Right Always Click to deselect entry

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Throwing	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Hammer	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Scissors	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Toothbrush	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Knife (without fork)	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Spoon	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Screwdriver	○ Left Always ○ Left Usually ○ Equally ○ Right Usually ○ Right Always	Click to deselect entry
Broom (upper hand)	O Left Always O Left Usually O Equally O Right Usually O Right Always	Click to deselect entry
Striking Match (match)	○ Left Always ○ Left Usually ○ Equally ○ Right Usually ○ Right Always	Click to deselect entry
Opening Box (lid)	○ Left Always ○ Left Usually ○ Equally ○ Right Usually ○ Right Always	Click to deselect entry

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