

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

## BLSA Finger Tapping - Ver 1.0

### Section Title: Finger Tapping

Date Completed

☐ Blank

Tester ID

1) Does the participant have physical hand problems, such as arthritis, contractures, etc.?

☐ No ☐ Yes Click to deselect entry

2) Was finger tapping protocol completed?

☐ Yes ☐ No Click to deselect entry2a) Reason test not performed, or  
unsatisfactory:

- ☐ Physical problems
- ☐ Mental problems
- ☐ Physical and mental problems
- ☐ Refused
- ☐ Technical problems (includes no time or no tester)
- ☐ Other (please specify)

Other (please specify)