

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Fitts Task - Ver 1.0

Section Title: Fitts Task

Date Completed

☐ Blank

Tester ID

Section A - Before Test

Dominant Hand:

☐ Left ☐ Right

Do you have any issues with your dominant hand?

☐ No ☐ Yes

Explain:

Section B - (After Test 1)

TESTER

1. Was the test completed?

☐ Yes ☐ No

Reason not done:

- ☐ Physical/sensory impairment
- ☐ Emotional problems
- ☐ Cognitive problems
- ☐ Refused
- ☐ Technical problems
- ☐ Other

2. Did the participant have a very difficult time hitting the little rectangles?

☐ No ☐ Yes ☐ Unsure

3. I thought the participant performed this test...

☐ Very Easy ☐ Somewhat Easy ☐ Neutral ☐ Somewhat Difficult ☐ Very Difficult

4. Did the participant have trouble understanding the instructions?

☐ No ☐ Yes ☐ Unsure

5. Do you think the instructions help the participant perform the test?

☐ No ☐ Yes ☐ Unsure

Participant

6. I found this test to be...

☐ Very Easy ☐ Somewhat Easy ☐ Neutral ☐ Somewhat Difficult ☐ Very Difficult

7. I found the movement with my finger to be...

☐ Very Natural ☐ Somewhat Natural ☐ Neutral ☐ Somewhat Unnatural ☐ Very Unnatural

8. In your opinion, how difficult was it to touch the thin rectangles compared to the thick rectangles?

☐ Very Easy ☐ Somewhat Easy ☐ Neutral ☐ Somewhat Difficult ☐ Very Difficult

Section C - (After Test 2)

TESTER

9. Compared to the first test, did the participant perform the second test...

☐ Much Easier
☐ Somewhat Easier
☐ About the Same
☐ With More Difficulty
☐ With Much More Difficulty

Participant

10. Compared to the first test, I feel the second test was...

- ☐ Much Easier
- ☐ Somewhat Easier
- ☐ About the Same
- ☐ With More Difficulty
- ☐ With Much More Difficulty