

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA HAMMS - Ver 1.1**Section Title: Trial 1****Instructions:**

BLSA - Hand-Arm Movement Monitoring system (HAMMS)

Date Completed

☐ Blank

Tester ID

1. Does the participant have any known injuries or conditions that may affect their arm / hand movement?

☐ Yes ☐ No Click to deselect entry

2. What is the participant's dominant hand?

☐ Left ☐ Right Click to deselect entry**Trial 1**

3. Was HAMMS protocol completed?

☐ Yes ☐ No Click to deselect entry

Reason not performed:

☐ Physical/sensory impairment ☐ Emotional problems stress physical illness medications or lack of sleep ☐ Cognitive problems ☐ Refused ☐ Technical problems (includes no time or no tester) ☐ Other - Please specify

Other

4a. I found this test ...

☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult Click to deselect entry

4b. The instructions were ...

☐ Very clear ☐ Somewhat clear ☐ Somewhat confusing ☐ Very confusing [Click to deselect entry](#)

4c. I enjoyed the test ...

☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree [Click to deselect entry](#)

5. Tester's feedback

5. I felt the participant performed this test ...

☐ Very easily ☐ Somewhat easily ☐ With some difficulty ☐ With great difficulty ☐ Other - Please specify [Click to deselect entry](#)

Other