

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA HAMMS - Ver 1.0**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

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Section Title: Trial 2**Instructions:**Trial 2**6. 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

7. Participant feedback**7a. I found this test ...**☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult [Click to deselect entry](#)**7b. The instructions were ...**☐ Very clear ☐ Somewhat clear ☐ Somewhat confusing ☐ Very confusing [Click to deselect entry](#)**7c. I enjoyed the test ...**☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly disagree [Click to deselect entry](#)**8. Tester's feedback****8. 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

8a. The participant was able to maintain a constant steady speed ...

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

8b. During hand motion, the participant was able to keep their hand within a plane that is greater than 1 inch but no more than 2 inches above the black surface ...

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

8c. Was it difficult for the participant to move between the squares on screen?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

8d. Was it difficult for the participant to start the test?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

8e. Was it difficult for the participant to get on screen to start the test?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

8f. Did the participant have trouble understanding the instructions?

☐ Yes ☐ No [Click to deselect entry](#)

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Section Title: Index Finger**Instructions:**Index Finger

9. Does the participant have any known injuries or conditions that may affect their index finger movement?

☐ Yes ☐ No [Click to deselect entry](#)10. Index Finger, was HAMM 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

11. Participant feedback

11a. I found this test using my finger ...

☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult [Click to deselect entry](#)

11b. Compared to the previous test using my hand, I found the test using my finger to be ...

☐ Much easier ☐ Somewhat easier ☐ About the same ☐ Somewhat harder ☐ Much harder [Click to deselect entry](#)12. Tester's feedback

12. 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

12a. The participant was able to maintain a constant steady speed ...

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

12b. During hand motion, the participant was able to keep their hand within a plane that is greater than 1 inch but no more than 2 inches above the black surface ...

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

12c. Compared to the hand test, did the participant perform the finger task ...

☐ With much less difficulty ☐ With slightly less difficulty ☐ With slightly more difficulty ☐ With much more difficulty [Click to deselect entry](#)

12d. Was it difficult for the participant to move between the squares on screen?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

12e. Was it difficult for the participant to start the test?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

12f. Was it difficult for the participant to get on screen to start the test?

☐ Yes ☐ No [Click to deselect entry](#) [Why](#)

12g. Did the participant have trouble understanding the instructions?

☐ Yes ☐ No [Click to deselect entry](#)

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Interview Date: _____

Section Title: Trial 1

Instructions: