

# Finger Tapper Record Form

Examinee Name \_\_\_\_\_ Date \_\_\_\_\_

Gender: **M** **F**      Handedness: **R** **L**      Examiner \_\_\_\_\_

History of Peripheral Injury \_\_\_\_\_

Trial	Dominant Hand	Nondominant Hand
<b>PRACTICE</b>		
1.		
2.		

**REST**

3.		
4.		
5.		

**REST**

6.		
7.		
8.		

**REST**

9.		
10.		

<b>Total*</b>		
<b>Mean*</b>		

\*If five consecutive trials yielded scores within a five-tap range, compute the mean of those five scores. If all 10 trials were administered because the five-tap criterion was not attained, compute the mean of the 10 trials.