

Subject #: _____

Today's Date: 11-25-20

Experiment: CFGL_online_study

Edinburgh Handedness Inventory

Please indicate your preferences in the use of hands in the following activities *by putting a check in the appropriate column*. Where the preference is so strong that you would never try to use the other hand, unless absolutely forced to, *put 2 checks*. If in any case you are really indifferent, *put a check in both columns*.

Some of the activities listed below require the use of both hands. In these cases, the part of the task, or object, for which hand preference is wanted is indicated in parentheses.

Please try and answer all of the questions and only leave a blank if you have no experience at all with the object or task.

Question: Have you always used the hand you now use for writing? (Did this change as a result of surgery?) No, I was right handed before surgery, I am now left handed

| | Left | Right |
|------------------------------|------|-------|
| 1. Writing | ✓✓ | |
| 2. Drawing | ✓✓ | |
| 3. Throwing | ✓ | |
| 4. Scissors | ✓✓ | |
| 5. Toothbrush | ✓✓ | |
| 6. Knife (without fork) | ✓ | |
| 7. Spoon | ✓ | |
| 8. Broom (upper hand) | ✓ | |
| 9. Striking Match (match) | ✓✓ | |
| 10. Opening Box (lid) | ✓✓ | |
| TOTAL | | |

| Difference | Cumulative Total | Result |
|------------|------------------|--------|
| | | |

Scoring – Add up number of checks in each column and enter TOTAL for each column. Add left total and right total and enter in CUMULATIVE TOTAL. Subtract left total from right total and enter in DIFFERENCE. Divide DIFFERENCE by CUMULATIVE TOTAL (round to 2 digits) and multiply by 100, enter RESULT

Below -40 = Left-handed; Between -40 and +40 = Ambidextrous; Above +40 = Right-handed

Voluntary Consent

By signing below, you agree that the above information has been explained to you and to your child and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

PARENT SIGNATURE Michelle Hatter DATE 11-28-2020

PRINT THE CHILD'S NAME Lukas Kessler

Minor's Assent

This research has been explained to me and I agree to participate.

MINOR'S SIGNATURE LYKAS Kessler DATE 11-28-20

Consent Certification

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT _____
DATE _____

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Participant Data Sheet

Name Lukas Kessler

DOB 5-5-2003 AGE 17

Gender Male

Ethnicity (check one)

Hispanic or Latino _____

Not Hispanic or Latino X

Racial Categories (check all that apply)

American Indian/Alaska Native _____

Asian _____

Native Hawaiian or Other Pacific Islander _____

Black or African American _____

White X

More than one race _____

Native Language _____ English

For experimenter only:

CMU Psychology Pin# _____

Handedness Score 100 _____

Experiment CFGL online study