

Appendix B

Handedness Information Sheet

Name: _____

Date: _____

Date of Birth: _____ / _____ / _____
Day Month Year

Handedness:

Please Circle which hand you use to perform the following tasks

- | | Left | Either | Right |
|--------------------------|------|--------|-------|
| 1. Subjectively | | | |
| 2. Writing a letter | L | Either | R |
| 3. Throwing a ball | L | Either | R |
| 4. Playing racquet games | L | Either | R |
| 5. Striking a match | L | Either | R |
| 6. Holding scissors | L | Either | R |
| 7. Holding a hammer | L | Either | R |
| 8. Holding a toothbrush | L | Either | R |