

**Multi-Ethnic Study of Atherosclerosis
MESA Stress 2 Supplemental Questionnaire**



Hand Usage Questionnaire
Self-Administered

Participant Id#:

Stress Id#:

Date:

Month

Day

Year

Please indicate your hand usage preference in the following activities. Put an X in the appropriate column. If with any activity you use **both hands confidently**, mark the "either hand or both hands" column.

Some of the activities require both hands. In these cases, the part of the task or object for which hand preference is wanted is indicated in brackets. Try to answer all the questions, and only leave a blank if you have no experience at all with the object or activity.

		Strongly Left hand	Left hand	Either or both hands	Right hand	Strongly Right hand
1	Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Drawing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Throwing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Scissors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Toothbrush	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Knife (without fork) e.g. cutting vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Spoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Broom (upper hand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Striking match (match)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Opening box (lid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>