

## Edinburgh Handedness Inventory

Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Please indicate your preferences in the use of hands in the following activities by *putting + 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 ++*. In any case you are really indifferent put + in both columns.

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.

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

	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)		
i. Which foot do you prefer to kick with?		
ii. Which eye do you use when using only one?		

L.Q.	Leave the spaces blank	DECLLE
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