

## EDINBURGH HANDEDNESS INVENTORY

Last name: \_\_\_\_\_

First names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Please indicate your preference for the use of the left or right hand in the following tasks by placing a “+” in the appropriate column. If you have such a strong preference for one hand that you would never try to use the other unless forced to, place a “++” in the column. If you would perform the task with either hand place a “+” in both columns.

Some of the tasks require both hands. In these cases the part of the task, or object, for which hand preference is wanted is indicated in the brackets.

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

		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 only using one?		