

## **Participant Questionnaire:**

The Role of Musculoskeletal Interactions on Wrist and Hand Biomechanics

A. PARTICIPANT IDENTIFIACTION (to be Participant #:	completed by the researcher)  Date:
B. DEMOGRAPHICS / ANTHROPOMETRI	CS
Gender:	
Age:	
Height:	
Weight:	
C. HANDEDNESS	
1) Are you are you right-handed, left-handed or a	ambidextrous?
right-handed $\square$ left-handed $\square$ ambid	lextrous 🗆
D. HEALTH HISTORY	
1) Have you ever had any of the following heal performed on you currently and/or in the past? [p	<u>-</u>
<ul> <li>□ Diabetes mellitus</li> <li>□ Thyroid condition (e.g. Hypothyroidism)</li> <li>□ Gout</li> <li>□ Amyloidosis or Sarcoidosis</li> <li>□ Renal failure or Hemodialysis</li> <li>□ Degenerative joint disease</li> <li>□ Arthritis of the wrist/hand</li> <li>□ Corticosteroid injection</li> </ul>	<ul> <li>□ Radial malunion</li> <li>□ Colles fracture</li> <li>□ Peripheral neuropathy</li> <li>□ Carpal tunnel syndrome</li> <li>□ Flexor tendinopathy</li> <li>□ Wrist/hand surgery</li> <li>□ Hand pain/tingling/numbness</li> <li>□ Other wrist/hand injury or disorder (not listed above):</li> </ul>

2) Are you currently on any medications? Yes $\square$ No $\square$
** If <i>yes</i> , please list:
E. WORK HISTORY
1) Occupation:
2) Location of work:
3) Hours at work per week:
4) Years at current job:
5) Typical tasks performed at work:
6) Have you ever-experienced a work-related wrist or hand injury? Yes $\square$ No $\square$
** If <i>yes</i> , please elaborate (type of injury, onset, symptoms, and treatment):

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1) Do you play musical instrument(s)? Yes \[ \] No \[ \]	
*** If yes, please answer the following questions:	
a) Type of instrument(s):	
b) Hour per week spent playing instrument(s):	
c) Self-reported skill level (e.g. hobby, amateur, professional):	