

Summary Sheet

ID code: _____ Age: _____ Sex: M or F

Do you consider yourself belonging to one of the following ethnic groups: Hispanic, Spanish, or Latino (Yes/No)? _____

Which racial group describes you best? Alaskan Native, American Indian, Asian, Native Hawaiian, Other Pacific Islander, African American, Caucasian (White), More than one group, Other: _____

1. Is your vision normal or corrected-to-normal (so you don't have problems in daily life with your eye-sight)? _____

2. Hearing (Do you have hearing problems in normal conversations): _____

3. Do you have any psychological a before and/or neurological conditions: _____

4. Do you have any altered physical conditions that affect your upper-limb motions: _____

5. Do you play Video Games? YES or NO

If yes: What type of Video games? Action or Non-Action

How would you rate your skill compared to your peers?

Low skill 1 2 3 4 5 6 7 8 9 10 High skill

6. Have you had a concussion? YES or NO

If yes get number, date(s) and how long before return to play.

7. Do you currently have a non-head related injury that has kept you from play (game or practice) for a minimum of 48 hours but no longer than 3 weeks?

YES or NO

8. Do you regularly perform eye-hand coordination related activities (such as playing an instrument, throwing darts, playing tennis, etc.)?

If yes: What age did you start playing your sport/practicing your skill?

9. Do you have diabetes? YES or NO