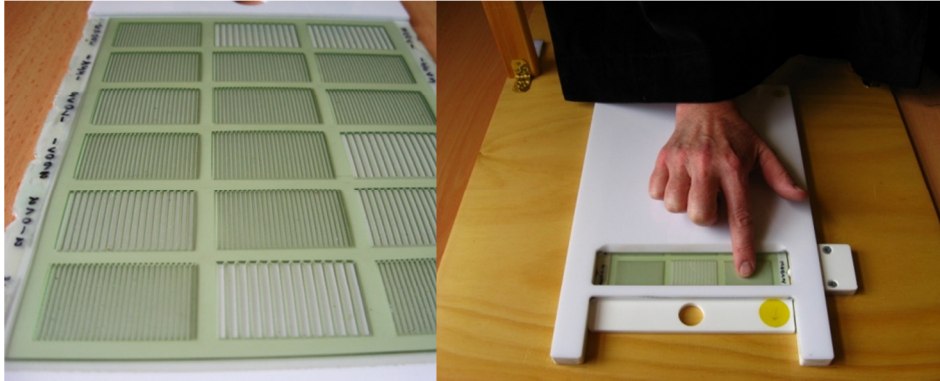


## Attachment 17

### Tactile Discrimination Test

1. Name of test	<b>Tactile Discrimination Test</b>
2. Estimate of time it will take to complete the final form of the test (i.e., subject burden during norming)	5 minutes
3. Number of items expected to be in the final form of the test	13 (inclusive of 1 practice item)
4. Instructions to subjects	<p><b>“The purpose of this activity is to see how well you can feel different textures. The textures are in groups of three In each group, two of the textures feel the same and one feels different. The texture that is different can be rougher or finer. The one that is different can be in any position: here, here, or here”.</b></p> <p><b>“Let’s try one. Using your index finger, feel the textures in this row by moving your finger from one surface to another. Keep moving your finger until you decide which surface is different. Leave your index finger on that surface and tell me when you are finished.”</b></p> <p><b>“Use your index finger to feel the textures in this row by moving your finger from one surface to another. Keep moving your finger until you decide which one is different. Leave your index finger on the surface that is different and tell me when you are finished.</b></p> <p><b>“Which surface is different?”</b></p>
5. Screen shots of 2-3 representative items	

Public reporting burden for this collection of information is estimated to average 2 1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx\*) EXP: (xx/xxxx). Do not return the completed form to this address.