Attachment 15

Brief Kinesthesia Test

OMB: 0925-XXXX

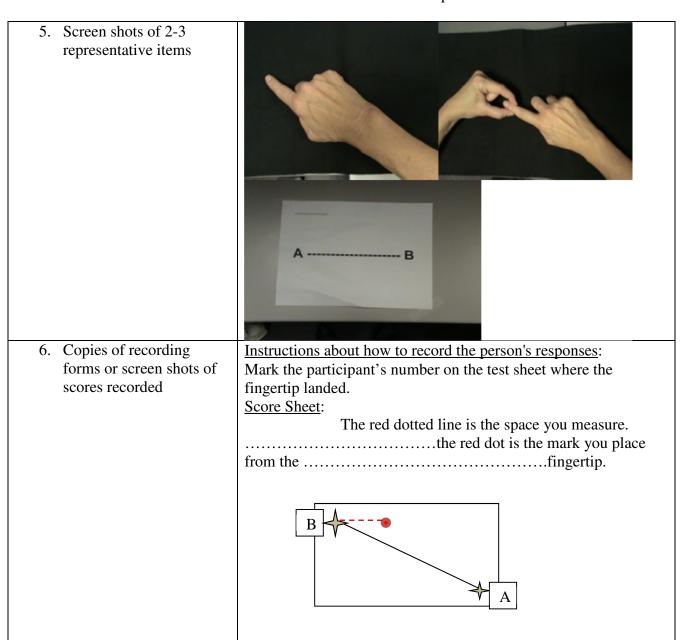
Expiration Date: XX/XX/XXXX

| 1. Name of test | Brief Kinesthesia Test |
|-----------------------------------|---|
| 2. Estimate of time it will | 1 minute |
| take to complete the <u>final</u> | |
| form of the test (i.e., | |
| subject burden during | |
| norming) | |
| 3. Number of items | 4 plus 1 practice item |
| expected to be in the final | r ··· r ···· |
| form of the test | |
| 4. Instructions to subjects | "Point your finger like this." |
| | "I am going to move my finger from point A to B, like this." |
| | "Now let's move your finger from point A to point B and then back to point A. I am going to help you." |
| | "Now, take your finger back to B by yourself." |
| | If the participant completes the task correctly, say: "That's right." If the participant does not complete task correctly, repeat the instructions above. |
| | "Now, we are going to do this again so you can feel it without looking this time. Here is point A; now we are going to point B. Now I am moving you back to point A. Find point B." |
| | "We are using this box to block your vision. I will move your finger from location A to B and then back to A. Then, I want you to move it back to B by yourself. Ready?" |
| | For the next three trials: |
| | "Again, I will move your finger from location A to B and then back to A. Then, I want you to move it back to B by yourself. Ready?" |
| | Now let's use your other hand to do the pointing. |
| | (then same instructions as for the other hand) |

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

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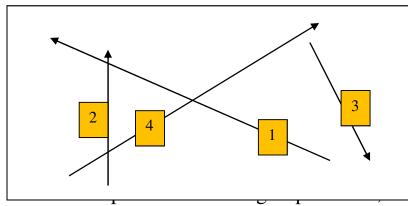
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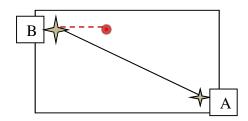
Brief Kinesthesia



And draw a line to the appropriate arrow tip. After testing,

measure in cm. the distance to the arrow tip, and record response in the box above, right.

| 1. R long, crossed | Cm |
|--------------------|----|
| 2. L medium | Cm |
| 3. R medium | Cm |
| 4. L long, crossed | Cm |



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Kinesthesia practice item

A - - - - - - B

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