1. Family History of Sinistrality (Do you have any first degree biological relatives [mother, father, siblings, children] who write left-handed or with both hands?):

Yes

No

Unknown

1. Formal Learning Disability or ADD/ADHD diagnosis (Were you given formal diagnosis of any learning disability or diagnosed with ADD/ADHD?):

Yes

No

Unknown

* 1. If yes, Type of learning disability (check all that apply)

ADHD

Dyslexia

Dyscalculia

ADD

Dysgraphia

Other, specify:

1. School Performance:
   1. Did you ever repeat a grade in school?

Yes

No

Unknown

* 1. Did you ever receive special accommodations for coursework?

Yes

No

Unknown

1. Disability Status:

On disability

Applying for disability

Not applicable

1. Previous psychological/neuropsychological testing?

Yes

No

Unknown

* 1. If yes, age:

1. Established language laterality (fMRI or Wada):

Yes

No

Unknown

* 1. If yes, language:

Left

Right

Bilatera

## GENERAL INSTRUCTIONS

This form contains data elements that may be relevant if psychological / neuropsychological testing is performed. The items are used to compare baseline characteristics among study groups and to identify confounding variables.

Responses to categories are obtained from self-report when possible.