

Participant Details

ID initials:	
First Name:	Surname:
Date of Birth:	Sex:
Impairment:	Handedness:
ID initials:	
To militare.	
First Name:	Surname:
Date of Birth:	Sex:
Impairment:	Handedness:
ID initials:	
First Name:	Surname:
Date of Birth:	Sex:
Impairment:	Handedness:



Participant Test Data

ID:	Date:		
Assessor:	Hand Assessed:	L/R	
Location:	Dominant Hand:	L/R	
Other data available: Video	☐ 3D Motion Ca	pture	□ Force

Abstract Objects - Lightweight

				Gr	ips				
Task	Time (Sec)	Spherical	Tripod	Power	Lateral	di	Extension	Other	Notes
Spherical									
Tripod									
Power									
Lateral									
Tip									
Extension									



Abstract Objects - Heavyweight

				Gr	ips				
Task	Time (Sec)	Spherical	Tripod	Power	Lateral	Tip	Extension	Other	Notes
Spherical									
Tripod									
Power									
Lateral									
Tip									
Extension									



Activities of Daily Living

				Gr	ips				
Task	Time (Sec)	Spherical	Tripod	Power	Lateral	Tip	Extension	Other	Notes
Coins									
Button Board									
Cutting									
Page Turning									
Jar Lid									
Jug Pouring									
Carton Pouring									



Activities of Daily Living

				Gr	ips				
Task	Time (Sec)	Spherical	Tripod	Power	Lateral	Tip	Extension	Other	Notes
Full Jar									
Empty Tin									
Tray Lift									
Key									
Zip									
Screwdriver									
Door Handle									

END OF SHAP ASSESSMENT