

H-unique Contributor Questionnaire

Consent to participate. – This section is mandatory to contribute, please check all items

I confirm that I am an adult and am 18 years of age or older

I consent to being a participant in this research

I confirm I have read and understand the nature of the research that is being proposed

I understand that upon submission of my data I will be presented with a unique submission reference code which will be the only way to identify my data.

I understand that my participation is voluntary and that I am free to withdraw my images and additional information supplied from the project at any time by quoting my unique submission reference code.

I confirm that I understand that my images and data will be destroyed by the research team within 10 years of the commencement of the research in 2019

Image Usage Consent

During the course of our research, we will seek to publish papers in academic journals and will also issue press releases to media organisations. If you are happy for images of your hands to be used to illustrate articles, please indicate your consent by checking the box below. This is optional and does not affect your ability to contribute to our research.

I consent to my images being used for the purposes of illustration in a teaching and research environment which may include publication in scientific journals

I consent to my images being used for the purposes of 'citizen science' and public engagement activities as part of the H-Unique project

Completion of all further sections of this questionnaire is optional

Section 1: Demographic Information

Demographic information tells us a little about your general characteristics and is used to help classify the hand photos that you submit. All of the information in this section is optional but providing it will help us to tune our models more accurately

Gender

Male

Female

Transgender Male

Transgender Female

Prefer Not to Say

Your Age:

Natural/Original Hair Colour

Blonde

Black

Brown

Red

Other

Prefer Not to Say

Ethnic Group – These are based on ethnic group categories in the 2011 UK Census

White

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveler

Any other white background

Mixed/Multiple Ethnic Groups

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic group

Asian

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

Black/African/Caribbean

African

Caribbean

Any other Black/African/Caribbean background

Other Ethnic Group

Arab

Any other ethnic group

Prefer Not to Say

Section 2: Information About Your Hands

This section relates to medical conditions and other factors that may affect hand appearance but are not specific to one hand or the other.

Handedness

Dominant Right

Dominant Left

Genuine Ambidextrous

Cross Dominant/Mixed

Prefer Not to Say

Skin Conditions

If you regularly suffer from any skin conditions which may affect your hands, please indicate below. (Check all that apply)

Acanthosis Nigricans

Acne

Actinic Keratosis

Basal cell carcinoma

Blisters

Carbuncle

Cellulitis

Contact dermatitis

Eczema

Hives

Impetigo

Keratosis pilaris

Latex allergy

Lupus

Melanoma

Psoriasis

Ringworm

Rosacea

Seborrheic eczema
Squamous cell carcinoma
Tinea versicolor
Vitiligo
Warts
Other (please specify)

Clinical Conditions

If you suffer from any clinical conditions that might affect the appearance of your hands, please indicate below. (Check all that apply)

Abscess
Boutonnière/Buttonhole Deformity
Carpal Tunnel Syndrome
Cubital Tunnel Syndrome
De Quervain Syndrome/ Washerwoman's Sprain
Dupuytren's Contracture/Palmar Fibromatosis
Felon
Ganglia/Ganglion Cysts
Herpetic Whitlow
Infectious Flexor Tenosynovitis/Tendon Sheath Infection
Kienböck Disease
Osteoarthritis
Radial Tunnel Syndrome
Swan-Neck Deformity
Trigger Finger
Other (please specify)

Section 3: Your Left Hand

This section is for details relating specifically to your left hand.

Scarring – Please describe any visible scarring on your hand

Surgical (e.g. sclerotherapy)

Accidental (e.g. knife cut)

Physical Injury - Please describe any physical injuries on your hand

Section 4: Your Right Hand

This section is for details relating specifically to your right hand.

Scarring – Please describe any visible scarring on your hand

Surgical (e.g. sclerotherapy)

Accidental (e.g. knife cut)

Physical Injury - Please describe any physical injuries on your hand

Any Other Information

Please provide any other information that may help us understand the physical appearance of your hand