### 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

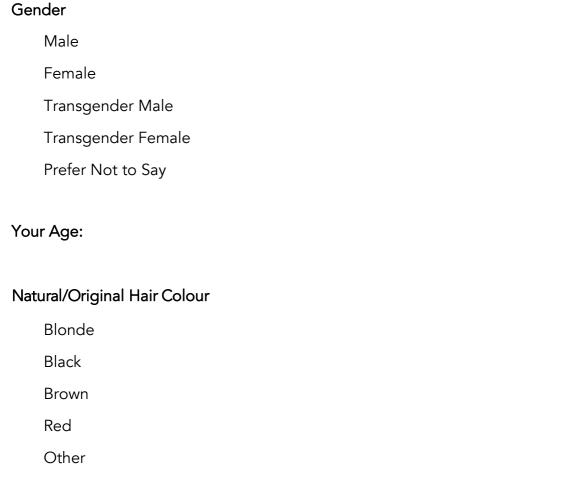
I consent to my images being used for the purposes of 'citizen science' and public engagement activities as part of the H-Unique project

## Completion of all further sections of this questionnaire is optional

# Section 1: Demographic Information

Prefer Not to Say

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



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

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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

Carburicie

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. sclerotheraphy) Accidental (e.g. knife cut)

Physical Injury - Please describe any physical injuries on your hand

# Section 4: Your Right Hand

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Scarring - Please describe any visible scarring on your hand

Surgical (e.g. sclerotheraphy)

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