

Supplementary File

# Investigating the relationship between sensorimotor characteristics and predicted movement times

Start of Block: Informed Consent

Welcome to the research study!

We are interested in understanding [STUDY TOPIC]. For this study, you will be presented with information relevant to [STUDY TOPIC]. Then, you will be asked to answer some questions about it. Your responses will be kept completely confidential.<sup>[1][2][3]</sup><sub>[SEP][SEP]</sub>

The study should take you around [SURVEY DURATION IN MINUTES] to complete. You will receive [INCENTIVE] for your participation.<sup>[1][2][3]</sup><sub>[SEP][SEP]</sub> Your participation in this research is voluntary. You have the right to withdraw at any point during the study. The Principal Investigator of this study can be contacted at [NAME/ EMAIL ADDRESS].<sup>[1]</sup><sub>[SEP]</sub>

By clicking the button below, you acknowledge:

Your participation in the study is voluntary. You are 18 years of age. You are aware that you may choose to terminate your participation at any time for any reason.

- I consent, begin the study
- I do not consent, I do not wish to participate

What type of device are you using (Computer, Tablet, Phone?). If you can please specify the model (e.g., 2013 Lenovo Thinkpad)

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What is the estimated screen size of the device (e.g., 13 inches) ?

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What is your Age in Years (e.g., 25)

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What is your sex (e.g., Female, Male, prefer not to disclose)?

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Please indicate which hand you would use for the following activities:

	Right	Left	Both	None
Using an assistive device (e.g. wheel chair controller).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pointing to a location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a mouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holding keys/objects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using a writing device or tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please view the following video for the instructions

- I have viewed the instructions

Page Break

Please note your participant ID: **P\${rand://int/1:9}\${rand://int/1:9}\${rand://int/1:9}\${rand://int/1:9}**  
**You will have to enter it to complete the experiment**

**\${date://CurrentDate/SL} \${date://CurrentTime/TL}**

End of Block: Informed Consent

**Table S1.** *An example participants' scoring system on the adapted Spinal Muscular Atrophy Health Index*

How much does the following impact your life now (Score)	I don't experience this (0)	I experience this but it does not affect my life (1)	It affects my life a little (2)	It affects my life moderately (3)	It affects my life very much (4)	It affects my life severely (5)
Difficulty lifting objects						X
Arm weakness						X
Problems reaching things over your head						X
Difficulty propping yourself up with your arms						X
Decreased arm and shoulder range of motion						X
Shoulder weakness						X
Hand weakness						X
Difficulty doing things with your hands						X
Impaired ability to open doors or drawers (Heaviness or grabbing the door?)						X
Difficulty washing your hair						X
Weak hand grasp						X
Difficulty picking things up with your fingers						X
Difficulty maintaining personal cleanliness						X
Dropping objects with your hands						X
Difficulty holding a pen or pencil						X
Difficulty moving small objects with your hands						X
Which of the following best describes how you get around? Ex: Walk	I use a wheelchair. (5)					

independently, cane, walker, wheelchair, motorized scooter...	
Overall SMAHI score	$(5 \times 16) / 16 = 5$

*Note.* Adapted from *The Spinal Muscular Atrophy Health Index* (Heatwole et al., 2015).