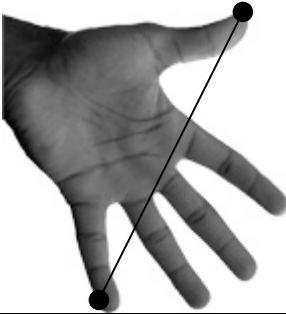
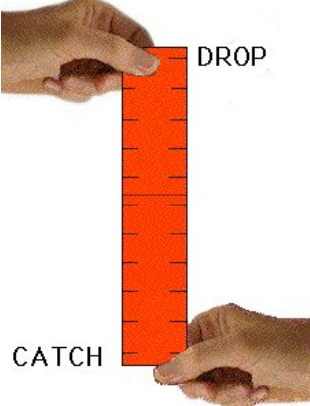






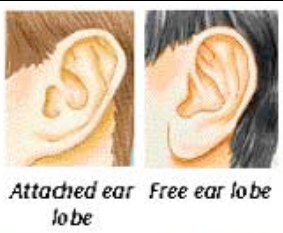

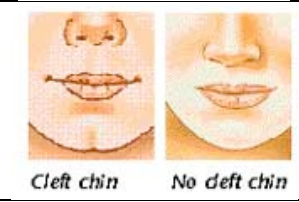
Human Traits Survey

Let's look at some of the traits that people have. You need to complete the survey for yourself and ALSO for 2 other people that do not take my classes. If possible, these 2 people should be related to you, however, you can also choose unrelated family, teachers, or friends. You will need a ruler.

Traits measured in centimeters:

Trait	Self	1:	2:
<p>Hand span – distance from tip of pinkie to tip of thumb when hand is fully stretched</p> 			
<p>Reaction time – number of centimeters that passes before you can catch a falling ruler (best out of 3)</p> 			
<p>Reach – how far up a wall can you touch with your fingertips when standing on tip toe</p> 			
<p>Broad jump – how far can you jump with your feet together if you start standing still</p> 			

Yes or no/Multiple choice traits:

Trait	Self	1:	2:	
Eye color – what color are your eyes?	<input type="checkbox"/> brown <input type="checkbox"/> blue <input type="checkbox"/> green <input type="checkbox"/> hazel	<input type="checkbox"/> brown <input type="checkbox"/> blue <input type="checkbox"/> green <input type="checkbox"/> hazel	<input type="checkbox"/> brown <input type="checkbox"/> blue <input type="checkbox"/> green <input type="checkbox"/> hazel	
Freckles – do you have freckles? Say “yes” only if you have LOTS of freckles all over your nose and cheeks. Sun freckles do not count.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	
Tongue rolling - can you roll your tongue into a tube?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Dimples – do you have dimples on your cheeks?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Earlobe attachment – are your earlobes attached to the side of your face?	 <p style="text-align: center;"><i>Attached ear Free ear lobe</i> <i>lobe</i></p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Widow's peak – do you have a widow's peak (hairline has a V)?	 <p style="text-align: center;"><i>Widow's peak No widow's peak</i></p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Cleft chin – do you have a cleft chin?	 <p style="text-align: center;"><i>Cleft chin No cleft chin</i></p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Hair color – what color is your hair?	<input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> blond <input type="checkbox"/> red	<input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> blond <input type="checkbox"/> red	<input type="checkbox"/> black <input type="checkbox"/> brown <input type="checkbox"/> blond <input type="checkbox"/> red	
Hair texture – what is the texture of your hair?	<input type="checkbox"/> curly <input type="checkbox"/> wavy <input type="checkbox"/> straight	<input type="checkbox"/> curly <input type="checkbox"/> wavy <input type="checkbox"/> straight	<input type="checkbox"/> curly <input type="checkbox"/> wavy <input type="checkbox"/> straight	