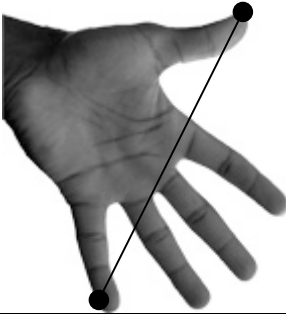
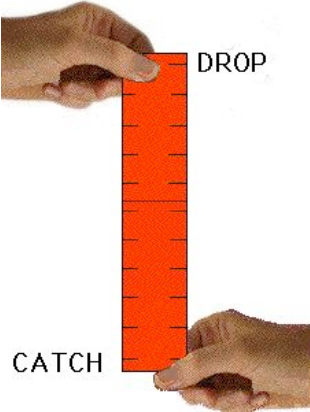








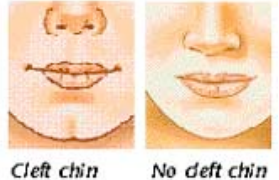
# Human Traits Survey

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><b>Hand span</b> – distance from tip of pinkie to tip of thumb when hand is fully stretched</p> 			
<p><b>Reaction time</b> – number of centimeters that passes before you can catch a falling ruler (best out of 3)</p> 			
<p><b>Reach</b> – how far up a wall can you touch with your fingertips when standing on tip toe</p> 			
<p><b>Broad jump</b> – 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:	
<b>Eye color</b> – 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	
<b>Freckles</b> – 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	
<b>Tongue rolling</b> - 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
<b>Dimples</b> – 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
<b>Earlobe attachment</b> – are your earlobes attached to the side of your face?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Widow's peak</b> – do you have a widow's peak (hairline has a V)?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Cleft chin</b> – do you have a cleft chin?		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Hair color</b> – 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	
<b>Hair texture</b> – 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	