

## Individual Data Collection Form

Please provide the following information:

**Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Sex** (circle one): Male Female **Age:** \_\_\_\_\_

Fill in your traits in the table below. If you are uncertain, mark neither option.

| Trait                   | Yes        | No           |
|-------------------------|------------|--------------|
| Tongue Rolling          |            |              |
| Widow's Peak            |            |              |
| Dimples                 |            |              |
| Earlobe Attachment      | (attached) | (free)       |
| Mid-digital finger hair |            |              |
| PTC Taster              | (taster)   | (non-taster) |
| Cleft Chin              |            |              |
|                         |            |              |
|                         |            |              |

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