

Laboratory Investigation 7D

An Inventory of My Traits - Survey

How similar are you to others in your group? Complete this inventory and compare with the inventories of the people in your class.

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|-----|--|-------------------------------|---------------------------------|
| 1. | I am a: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 2. | I have detached earlobes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | I have hitchhiker's thumb | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | I can roll my tongue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | I have dimples | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | I am right-handed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | I have freckles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | I have naturally curly hair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | I have a cleft chin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | I have allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | I have a widow's peak | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | I cross my left thumb over my right when I clasp my hands together | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | I can see the colors red and green (I am not color blind) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | I can taste PTC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | I can taste Sodium Benzoate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | I can taste Thiourea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |