

# An Inventory of My Traits Survey

*What combination of these traits do you have?*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1.</b> I have dimples   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>2.</b> I have detached earlobes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>3.</b> The hairline on my forehead is straight                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>4.</b> I cross my left thumb over my right when i clasp my hands together | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>5.</b> I can bend my thumbs backwards                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>6.</b> I can roll my tongue   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>7.</b> I have freckles  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>8.</b> I have a cleft chin  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>9.</b> I am left-handed   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>10.</b> (Optional) I can taste PTC  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |