

# An Inventory of My Traits - Data Table

Once you and your group have compared your traits, fill in the data table below by counting the number of people who marked “yes” and the number people who marked “no” for each trait. Write these numbers in the spaces provided.

TRAIT	YES	NO
Detached earlobes		
Hitchhiker's thumb		
Tongue rolling		
Dimples		
Right-handed		
Freckles		
Naturally curly hair		
Cleft chin		
Allergies		
Widow's peak		
Cross left thumb over right		
See the colors red and green		

Adapted from "Alike But Not The Same" in Human Genetic Variation, NIH Curriculum Supplement Series 1999. <http://science-education.nih.gov>

# 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 group.**

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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     |