



Place a check on the line if you have one of these traits. Then do another for other members of your family.

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|--|--|
| <input type="checkbox"/> 1. Tongue Rolling | <input type="checkbox"/> 24. B Blood Type |
| <input type="checkbox"/> 2. Cleft Chin | <input type="checkbox"/> 25. AB Blood Type |
| <input type="checkbox"/> 3. Six Fingers on Each Hand | <input type="checkbox"/> 26. Rh+ Blood |
| <input type="checkbox"/> 4. Arches in Feet | <input type="checkbox"/> 27. Rh- Blood |
| <input type="checkbox"/> 5. Dark Hair | <input type="checkbox"/> 28. Cannot Roll Tongue |
| <input type="checkbox"/> 6. Free Ear Lobes | <input type="checkbox"/> 29. No Cleft in Chin |
| <input type="checkbox"/> 7. Attached Ear Lobes | <input type="checkbox"/> 30. 5 Fingers on Each Hand |
| <input type="checkbox"/> 8. Curly Hair | <input type="checkbox"/> 31. Flat Feet |
| <input type="checkbox"/> 9. Straight Hair | <input type="checkbox"/> 32. Light or Red Hair |
| <input type="checkbox"/> 10. Brown, Green or Hazel Eye Color | <input type="checkbox"/> 33. Blue or Grey Eye Color |
| <input type="checkbox"/> 11. Dimples | <input type="checkbox"/> 34. No Dimples |
| <input type="checkbox"/> 12. Long Eyelashes | <input type="checkbox"/> 35. Short Eyelashes |
| <input type="checkbox"/> 13. Nearsightedness | <input type="checkbox"/> 36. Normal Eyesight |
| <input type="checkbox"/> 14. Farsightedness | <input type="checkbox"/> 37. Thin Lips |
| <input type="checkbox"/> 15. Broad Lips | <input type="checkbox"/> 38. No Webbing in Hands or Toes |
| <input type="checkbox"/> 16. Webbed Fingers or Toes | <input type="checkbox"/> 39. Hitch Hikers Thumbs |
| <input type="checkbox"/> 17. Straight Thumbs | <input type="checkbox"/> 40. Short Index Finger |
| <input type="checkbox"/> 18. Long Index Finger | <input type="checkbox"/> 41. Left Thumb Overlap* |
| <input type="checkbox"/> 19. Right Thumb Overlap* | <input type="checkbox"/> 42. Not Color Blind |
| <input type="checkbox"/> 20. Color Blind | <input type="checkbox"/> 43. Right Handed |
| <input type="checkbox"/> 21. Left Handed | <input type="checkbox"/> 44. PTC Taster |
| <input type="checkbox"/> 22. A Blood Type | <input type="checkbox"/> 45. PTC Nontaster |
| <input type="checkbox"/> 23. O Blood Type | |

*Thumb overlap is observed when one puts his or her hands together.