

NAME Caleb

DATE _____

Learn.Genetics.utah.edu
GENETIC SCIENCE LEARNING CENTER

An Inventory of My Traits - Data Table

How many people in your group have each trait?

Fill in the data table below by counting the number of people who marked "yes" and the number of people who marked "no" for each trait.

Trait	Yes	No
Detached earlobes	18	6
Tongue rolling	23	2
Dimples	9	6
Right-handed	19	6
Freckles	14	8
Naturally curly hair	7	15
Cleft chin	3	21
Cross left thumb over right	14	11
See the colors red and green	22	0
Allergies	18	6
Have a straight hairline	12	12

NAME Caleb

DATE 1/23/23

An Inventory of My Traits - Survey

What combination of these traits do you have?

Complete the survey to find out.

- | | | |
|--|--|--|
| 1. I have detached earlobes | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I can roll my tongue | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I have dimples | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I am right-handed | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I have freckles | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I have naturally curly hair | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. I have a cleft chin | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. I cross my left thumb over my right when
I clasp my hands together | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. I can see the colors red and green
(I am not color blind) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I have allergies | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. The hairline on my forehead is straight. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. I am a: | <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female |