Please complete the following survey. We will use this data to make charts and graphs. DO NOT put your name on this sheet.

1. Your sex     Female     Male
2. Are you     Left-handed   Right-handed
3. Do you drink coffee regularly?  No    Yes
4. In your family, are you the     Oldest   Youngest   Other
5. Are your eyes Blue    Brown    Other
6. Are you Married    Single    Other
7. To get to school do you:  Carpool  Bus  Drive Alone  Walk  Bike  Other
8. How old are you? _________________
9. What is your shoe size? _________________
10. How much did you spend on books this semester? _________________
11. How many siblings (step, half, etc.) do you have? _________________
12. How many pairs of shoes do you own? _________________
13. How many people live in your house? _________________
14. How many children do you have? _________________
15. How many hours a week do you spend working? _________________
16. How many hours a day do you watch TV? _________________
17. How many minutes a day does it take for you to get to campus? ___________
18. How many miles is it from your house to campus? _________________