

# DATA COLLECTOR: LINDSEY MK YOUR NAME (WILL NOT BE SHARED):

**Please Circle One:**

**What Units of Measure did you use:**    in            cm            other- please specify:

**Dominant Writing Hand:** right.            left.            both

**Dominant Arm (golf or baseball):** right            left            both

**Dominant Eye:** right            left            both

**Eye Color:** brown    green            blue            hazel    gray            other-please specify:

**Gender:** Female    Male    Bigender    Gender Fluid    Gender Questioning  
other- please specify:

**Please specify:**

**Age:**

**Ethnicity:**

## NOTES:

(TO BE COMPLETED LATER BY DATA COLLECTOR)