Biometric Modality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Demographic Questionnaire**

1. Age: \_\_\_\_\_\_\_\_\_\_\_\_

2. Gender: (circle one) male female

3. Handedness: (circle one) right handed left handed Ambidextrous

4. Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ feet \_\_\_\_\_\_\_\_\_\_\_\_ inches

5. Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Have you ever had your biometrics captured before? (circle one) yes no

If yes check all that apply:

\_\_\_ Fingerprinted with ink/paper

\_\_\_ Fingerprinted electronically

\_\_\_ Palm Print

\_\_\_ Eye Scan

\_\_\_ Face Image

\_\_\_ Voice

­­\_\_\_ Hand geometry

8. How concerned are you about having your biometrics recorded?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Very concerned | Fairly Concerned | Not very concerned | Not all concerned | Don’t know |