

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
Very concerned

2
Fairly Concerned

3
Not very concerned

4
Not all concerned

5
Don't know