

# Screening Questionnaire

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## Notice

**OMB Control No. 0693-0043**

**Expiration Date 12-31-2018**

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## Contact Information

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**In order to send materials, including the survey and images, and to communicate to maintain privacy and appropriate precautions, we need the following contact information.**

**1) What is your email address?**

**2) What is your phone number?**

**3) What is your fax number?**

**4) What is your postal address? This will be used to send your accuracy score to you, if requested. You do not have to provide this now and may wait until you request your score to provide this information.**

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## **Screening Questions**

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**5) Do you have any training in any forensic domain?**

Yes

No

**6) Have you ever performed comparisons in any forensic domain?**

Yes

No

**7) Do you perform forensic facial comparisons as part of your current job or as part of a former job?**

Yes

No

**8) Do you perform forensic fingerprint comparisons as part of your current job or as part of a former job?**

Yes

No

**9) Have you attended facial forensics meetings, such as Facial Identification Scientific Working Group (FISWG), the Organization of Scientific Area Committees (OSAC) subcommittee on facial identification, or the European Network of Forensic Sciences Institutes (ENFSI)?**

Yes

No

**10) Have you served as a program manager for facial recognition effort?**

Yes

No

**11) Do you perform facial recognition research? This could be work on algorithms, automated systems, or human processing capabilities.**

Yes

No

**12) Do you address policy regarding facial recognition?**

Yes

No

**13) Have you been identified as a super-recognizer by at least one of the following ways: taken a test establishing you as super-recognizer or been employed to use your skills as a super-recognizer?**

Yes

No

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**Thank You!**

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**Thank you for taking our survey. Your response is very important to us.**

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