



KATHRYN
HELEN
MCNEIL

This List: 3D Imaging Que



KATHRYN HELEN MCNEIL > 3D Imaging Questionnaire > Respond to this Survey

3D Imaging Questionnaire: Respond to this Survey

* indicates a required field

Unique Study Number: *

Date of birth: *

Sex: *

- Male
 Female

E-Mail Address: *

Matriculation number (if applicable):

Body fat measurement, (as measured by hand-held electronic device) : *

 %

Have you ever had any serious facial injury? *

- Yes
 No

Have you had or are you seeking any serious facial surgery, cosmetic or otherwise? *

- Yes
 No

Is there a history of cleft lip and/or palate in your family? *

- Yes
 No

Were both of your biological parents born in the British Isles, (England, Scotland, Wales, Northern Ireland or Republic of Ireland)?

If not, please specify country of origin. *

- Yes
 Specify your own value:

Were all of your grandparents born in the British Isles, (England, Scotland, Wales, Northern Ireland or Republic of Ireland)?

If not, please specify country of origin. *

- Yes
 Specify your own value:

What best describes your ethnic group? *

- White British
 White Scottish
 White Irish
 White European
 Other

Is there a history of psychiatric illness or suicide your family? *

- Yes
 No

After you take part in this study, would you like to receive a 3D image of your own face? *

- Yes
 No

Additional notes: