Math 12 Elementary Statistics
Student Data

Please complete the following survey. It will provide useful data that we can use throughout the semester. **DO NOT indicate your name and DO please be honest.**

1) Are you...
   - FEMALE
   - MALE

2) Are you...
   - Left-handed
   - Right-handed

3) Do you smoke?
   - Yes
   - No

4) Do you drink coffee regularly?
   - Yes
   - No

5) Have you ever had an HIV test?
   - Yes
   - No

6) Are your eyes...
   - Blue
   - Brown
   - Other

7) Do you support legalization of marijuana?
   - Yes
   - No
   - Decline to state

8) How you pay for classes...
   - Cash/check
   - Credit Card
   - Other

9) How old are you?
   _______________________

10) How much do you weigh?
    _______________________

11) How many units are you taking this semester?
    _______________________

12) How much is your monthly housing cost?
    _______________________

13) How many siblings do you have?
    _______________________

14) How many minutes does it take you to get to Cabrillo?
    _______________________

15) How many miles do you live from Cabrillo?
    _______________________

16) How many people live in your house?
    _______________________

17) What is your gross yearly income?
    _______________________

18) In a typical week, how many hours do you spend...
    - Watching TV    _________
    - Studying       __________
    - Working/job    _________
    - Doing chores   __________