

Participants' Questionnaire for *Blood Wars*

Please note: Participation in *Blood Wars* is completely voluntary. Any participant may withdraw from the project at any time.

Following review of a handout with the description of the *Blood Wars* project, and after completing the consent form*, you will be asked to complete this questionnaire.

(*Please note: all materials, including this questionnaire, must be reviewed prior to signing consent form.)

Note: Any of the following questions may be left blank:

1. Please list your age:

2. Please list your gender: M
 F
 Transgender

3. Please list your ethnicity: (Self-describe)

4. Please list your political leanings: (Self-describe)

5. Please describe any religious preference:

6. Please describe your sexual orientation:

7. Do you have any known diseases that you care to divulge: (Self-describe)

8. Please describe your economic status (i.e. lower, middle, upper class):

9. Please describe your favourite food:

10. Do you know your blood type?