

UK Synaesthesia Association Questionnaire (Print Version)

It would help us tremendously if you would fill in this questionnaire which asks for some basic details about yourself and your synaesthesia.

This information will then be added to our database and you will receive notification that it has been received. The UK Synaesthesia Association will not pass on any personal details to a third party without gaining your prior consent. You may withdraw from research participation at any time by emailing us at remove@uksynaesthesia.com.

As this is a Word document, you can either type directly into it, or print it out and fill it in by hand. Please be sure to sign where indicated and to fill in the relevant membership forms (pages 4 & 5) before posting.

If you do not think you have synaesthesia but would still like to join the Association, please print out the application form on page 4, and/or the standing order mandate form on page 5.

Many thanks for your time!

***By signing below I understand that my personal information will be held on record by the UK Synaesthesia Association*.**

X SIGNED _____ **DATE** _____

PERSONAL DETAILS

Last Name:

First Name:

Middle Initial:

Date of Birth: (DD/MM/YYYY):

Sex: () M () F

E-Mail Address:

House & Street Address:

Town or City:

Postcode:

Please select the geographical area which best describes where you live:

- () Scotland () Wales () Northern Ireland
() London () South East England () South West England () East Anglia
() Midlands () North East England () North West England
() Other:

ABOUT YOU AND YOUR FAMILY

Handedness: i.e. which hand do you use for the majority of activities?

- () LEFT () RIGHT

Are you a twin?:

- () No () Yes (non identical) () Yes (identical)

If you answered YES does your twin also have synaesthesia?

- () Yes () No () Don't Know

Do any other members of your family have synaesthesia?

- () Yes () No () Don't Know

If YES, please select ALL that apply:

- Mother Father Daughter Son Sister Brother
 Maternal Aunt Maternal Uncle Paternal Aunt Paternal Uncle
 Other: please state relationship to you:

ABOUT YOUR SYNAESTHESIA

1. To the best of your knowledge, have you always had synaesthesia?

- Yes No

2. Do letters of the alphabet trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

3. Do English words trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

4. What has the LARGEST influence on the OVERALL COLOUR of a word?

- First letter First sound Strongest vowel Meaning Loudness
 Other (e.g. each letter has its own colour, please state:)

Are your synaesthetic sensations stronger when:

- Read Heard No difference

5. Do numbers trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

6. Do days of the week/months of the year trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

7. Do voices trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

8. Does instrumental music trigger any synaesthetic sensations?

- Yes No

If you answered YES to the above question, please select ALL that apply:

- Colour Shapes Taste Smell Touch Pain Shapes Movement

9. What has the LARGEST influence on the COLOUR of a musical note?

- Pitch Instrument Loudness Don't Know N/A

10. What has the LARGEST influence on the OVERALL COLOUR of a SERIES of notes?

Pitch Instrument Tempo (speed) Loudness Don't Know N/A

11. Does hearing sounds (e.g. dog barking; rain) trigger any synaesthetic sensations?

Yes No

If you answered YES to the above question, please select ALL that apply:

Colour Shapes Taste Smell Touch Pain Shapes Movement

12. Do smells trigger any synaesthetic sensations?

Yes No

If you answered YES to the above question, please select ALL that apply:

Colour Shapes Taste Touch Pain Shapes Movement

13. Does touch trigger any synaesthetic sensations?

Yes No

If you answered YES to the above question, please select ALL that apply:

Colour Shapes Taste Smell Pain Shapes Movement

14. Do tastes trigger any synaesthetic sensations?

Yes No

If you answered YES to the above question, please select ALL that apply:

Colour Shapes Smell Touch Pain Shapes Movement

15. Does colour trigger any synaesthetic sensations?

Yes No

If you answered YES to the above question, please select ALL that apply:

Shapes Taste Smell Touch Pain Shapes Movement

Do these sensations appear to be:

External (outside your body, i.e. on the page, in the air)?

On your body surface: (i.e. skin, tongue, nostrils)?

Inside your body?

Appear as thoughts not sensations

Appear in Mind's Eye?

Some combination of the above?

Elsewhere? *please state:*

Is there anything else you would like to tell us about your synaesthesia?:

Application Form for UK Synaesthesia Association Membership

Note: If you would like to pay by annual standing order please also print out the next page and send it to your bank.

Please print out this form, sign and send it, together with a cheque or postal order made payable to the 'UK Synaesthesia Association' (and your questionnaire, if you have chosen to send it rather than fill it in online) to:

Membership Secretary
UK Synaesthesia Association,
PO Box 6258, Leighton Buzzard, LU7 0WP

From: Name _____

Address _____

_____ Post Code _____

Membership Fees: UK £20 p.a. - Concessions (OAP & Student): £12 p.a. - Overseas €30 p.a.

I am paying by annual standing order ()

I enclose a cheque made payable to 'UK Synaesthesia Association' ()

Amount £ _____ (in figures) (£ _____ the amount in words)

X SIGNED _____ **DATE** _____

UK SYNAESTHESIA ASSOCIATION STANDING ORDER MANDATE

If you would like to set up an annual standing order for your UKSA membership please print out this form, fill it in, **sign it** and **post it to your Bank**).

Name: _____

Address _____

_____ Post Code _____

To: Bank/Building Society _____

Address _____

Post Code _____

Account No./Reference: _____ Sort Code: _____

annually commencing * _____ (*insert date*)

and continuing until * _____ (*insert date*) or until further notice

* *delete as appropriate*

Membership Fees: UK £20 p.a. - Concessions (OAP & Student): £12 p.a. - Overseas €30 p.a.

Please credit:

Account Name: UK Synaesthesia Association

Bank: NatWest PLC, Hove Town Hall

Sort code: 53-61-02

Account No: 60025508

Amount £ ____ (in figures) (_____ the amount in words)

XSIGNED _____ DATE: _____