

Your friends

1 Here are some questions about your friends. You can answer these questions for one to five friends. You should not count your boyfriend/girlfriend.

1. What is the name of this friend?	2. Is this friend a boy or a girl?	3. How old is this friend?	4. Does he/she have a foreign background?	5. Does he/she go to your school?	6. Where do you see or meet each other? <u>Please tick all that apply.</u>	7. How often do you talk or meet?	8. Does your mother or father know this friend?
Friend 1: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 2: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 3: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 4: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Friend 5: <input style="width: 40px; height: 20px;" type="text"/>	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Age: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	Yes, same class <input type="checkbox"/> Yes, but different class <input type="checkbox"/> No, goes to another school <input type="checkbox"/> No, has finished schooling <input type="checkbox"/>	In school <input type="checkbox"/> In the neighborhood <input type="checkbox"/> At a sports, music, drama or other club <input type="checkbox"/> At work <input type="checkbox"/> At home <input type="checkbox"/> Online <input type="checkbox"/> Elsewhere <input type="checkbox"/>	Every day <input type="checkbox"/> One or several times a week <input type="checkbox"/> Less often <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

2 How many of the friends you have listed know each other?

- All of them
- Some of them
- None of them

3 How many of these friends...

	All of them	Some of them	None of them
... play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... skip lessons without permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>