

WORKSHEET	NAME:		NO.
	Classmate 1	Classmate 2	Classmate 3
Q1. Do you exercise every day?	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
Q2. How long do you use the bathroom every morning?	I use it for _____ every morning.	I use it for _____ every morning.	I use it for _____ every morning.
Q3. How long do you use the bathroom every evening?	I use it for _____ every morning.	I use it for _____ every morning.	I use it for _____ every morning.