

Name:	
Date:	
Day:	
Nationality:	

Student's Name						
A. Do like strawberries?						
B. What is your best friend's name?						
C. What is the word for "friend" in your language?						
D. Do you go to the cinema?						
E. How often do you go shopping?						
F. Do you compare prices at different shops?						

<b>Student's Name</b>						
G. Where you born in December?						
H. What is your favourite place to shop?						
I. Do you like to sing?						
J. Do women work in your country after getting married?						
K. Do you prefer beef or lamb?						
L. Can you speak Arabic?						
M. Do you remember your dreams?						
N. How many hours do you sleep every night?						
O. Do you take naps?						

