Friendship Eligibility Questionnaire

Please answer all questions carefully and truthfully in order for us to verify your eligibility for the experiment

1. What is your name *

2. What is your friend's name? *

3. What type of music does your friend/sibling listen to? What is their favourite artist?

4. What is your friend/sibling’s favourite movie/TV show?

5. What did/does your friend/sibling study in University/College?

6. Where did/does your friend/sibling study?
7. What is your friend/sibling’s dream career?

8. What is your friend/sibling’s dream car?

9. Where is your friend/sibling from?

10. What is your friend/sibling’s favourite food/restaurant?

11. What is your friend/sibling’s favourite ice cream flavour?

12. Does your friend/sibling have any allergies?

13. Name 3 things they could not live without

14. Does your friend/sibling have a significant other? If yes, what is their name?
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>15.</td>
<td>What are your friend/sibling’s parents’ names?</td>
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<td>16.</td>
<td>What is your friend/sibling’s favourite book?</td>
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<td>17.</td>
<td>What is your friend/sibling’s favourite vacation place?</td>
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<td>18.</td>
<td>Does your friend/sibling have any pets? If yes, what are they and what are their names?</td>
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<td>19.</td>
<td>What are they scared of?</td>
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<td>20.</td>
<td>What is their favourite season?</td>
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<tr>
<td>21.</td>
<td>Does your friend/sibling have any piercings or tattoos? If yes, list them.</td>
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<tr>
<td>22.</td>
<td>When is your friend/sibling’s birthday? What did they do to celebrate last year?</td>
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</tbody>
</table>
23. What is your friend/sibling’s favourite sport?

24. What is your friend/sibling’s favourite pass-time?

25. What is their favourite pizza topping?

26. What type of music do YOU listen to? What is your favourite artist?

27. What is your favourite movie/TV show?

28. What did/do you study in University/College?

29. Where did/do you study?

30. What is your dream career?

31. What is your dream car?
32. Where are you from?

______________________________

33. What is your favourite food/restaurant?

______________________________

34. What is your favourite ice cream flavour?

______________________________

35. Do you have any allergies?

______________________________

36. Name 3 things you could not live without

______________________________

37. Do you have a significant other? If yes, what is their name?

______________________________

38. What are your parents’ names?

______________________________

39. What is your favourite book?

______________________________

40. What is your favourite vacation place?

______________________________
41. Do you have any pets? If yes, what are they and what are their names?

42. What are you scared of?

43. What is your favourite season?

44. Do you have any piercings or tattoos? If yes, list them.

45. When is your birthday? What did you do to celebrate last year?

46. What is your favourite sport?

47. What is your favourite pass-time?

48. What is your favourite pizza topping?