

## Advanced World History Student Interest Survey

**Directions:** Answer each question in the space provided.

1. If your parents were not your parents, what 2 famous people would you choose to be your parents, and why?
2. Which of your parents do you resemble the most physically?
3. What is the word that best describes your life right now? Explain.
4. Are you happier today than in the past? Explain.
5. What are some of the most important things in your life? In other words, what do you value the most?
6. I get angry at myself when....
7. If I had more time, I would...
8. If you could be famous, what would you like to be famous for?
9. What is your favorite meal?
10. Name an actor/actress/musician/artist/political leader you admire or respect and explain what you enjoy about them.
11. A TV show I watch regularly is...
12. What is your favorite time of the year? Why?
13. What is your favorite time of the day? Why?
14. What is a movie you can watch/have watched over and over again? What do you enjoy about it?

## Voting With Our Feet Survey

**Directions:** Answer each question honestly by checking either Yes or No.

- |   |                                |                                  |
|---|--------------------------------|----------------------------------|
| 1. You keep a diary/journal.                        | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 2. You like to cook.                                | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 3. You exercise regularly.                          | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 4. You draw or doodle while talking on the phone.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 5. You have read an entire book in the past month.  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 6. You replace the toilet paper roll immediately.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 7. You like crossword puzzles.                      | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 8. You snore.                                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 9. You have been to your ancestor's homeland.       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 10. You are a big baby when you're sick.            | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 11. You often have visitors/guests at your house.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 12. You have chores/responsibilities at home.       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 13. You can remember jokes.                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 14. You play cards.                                 | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 15. You talk in your sleep.                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 16. You eat fast.                                   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 17. You avoid paying full price.                    | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 18. You like hiking.                                | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 19. You like talking on the phone.                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 20. You set your watch/clock a few minutes ahead.   | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 21. You are always late for things.                 | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 22. You believe in destiny/fate.                    | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 23. You bite your fingernails when you get nervous. | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 24. You read the newspaper.                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 25. You still watch cartoons.                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 26. You are happier today than in the past.         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 27. You have been called a "scrub."                 | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 28. You like hip-hop/rap music.                     | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 29. You can dance.                                  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 30. You like heavy metal music.                     | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 31. You like "American Idol."                       | <input type="checkbox"/> Yes   | <input type="checkbox"/> No      |
| 32. Pepsi or Coke                                   | <input type="checkbox"/> Pepsi | <input type="checkbox"/> Coke    |
| 33. Chocolate or vanilla                            | <input type="checkbox"/> Choc  | <input type="checkbox"/> Vanilla |
| 34. Morning person or night owl                     | <input type="checkbox"/> Morn  | <input type="checkbox"/> Night   |