

SELF-INTRODUCTION

Name:
Gender:
Address:
Family:
Favorite food:
Favorite movie:
Hobbies:
What color do you like? <input type="checkbox"/> Red <input type="checkbox"/> Blue
What color do you dislike? <input type="checkbox"/> Red <input type="checkbox"/> Blue
What color do you like the most? <input type="checkbox"/> Red <input type="checkbox"/> Blue
What color do you dislike the most? <input type="checkbox"/> Red <input type="checkbox"/> Blue
What is your favorite color?
What is your least favorite color?
What is your favorite color?
What is your least favorite color?