



Your First Name:

Bathroom	Bedroom
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>
What did you find in the bathroom? <input type="text"/>	What did you find in the bedroom? <input type="text"/>

Living Room	Kitchen	Shed/Garage
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
What did you find in the living room? <input type="text"/>	What did you find in the kitchen? <input type="text"/>	What did you find in the shed/garage? <input type="text"/>