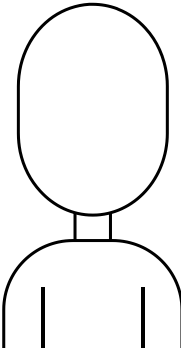




| Parent | | | | | |
|-------------------|--|---|----|--|--|
| How did you feel? | | | | | |
| 1 | |  | 6 | | |
| 2 | | | 7 | | |
| 3 | | | 8 | | |
| 4 | | | 9 | | |
| 5 | | | 10 | | |

Comments: