| Name (| | | |) |
|--------------------------|-------------|---------------|---|---|
| Year (|) Section (|) Number (|) | |
| | How Are | You Interview | | |
| How are you? I'm sleepy. | | | | |

| Fine | Tired | |
|--------|---------|--|
| Happy | So-so | |
| Sad | Angry | |
| Hungry | Thirsty | |
| Sleepy | Sick | |