**Sample Twin Matching Questionnaire**

Name: Gender: Age:

1. Who lives with you in your home?
2. Do you have any dietary considerations (ie. Halal, kosher, vegan, vegetarian, food allergies)?
3. Do you have any other allergies (pets, smoking etc.)?
4. What do you like to do in you free time? What are some of your hobbies?
5. What kind of music do you like?
6. Do you prefer outdoor or indoor activities?
7. Do you like working in a group or on your own?
8. What do you look for in a friend?
9. How would your friends describe you?
10. What do you hope to get out the exchange?