
Do you feel close to your mother?

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | NO! |
| <input type="checkbox"/> | no |
| <input type="checkbox"/> | yes |
| <input type="checkbox"/> | YES! |
| <input type="checkbox"/> | No Answer |

Do you share your thoughts and feelings with your mother?

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | NO! |
| <input type="checkbox"/> | no |
| <input type="checkbox"/> | yes |
| <input type="checkbox"/> | YES! |
| <input type="checkbox"/> | No Answer |

Do you feel close to your father?

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | NO! |
| <input type="checkbox"/> | no |
| <input type="checkbox"/> | yes |
| <input type="checkbox"/> | YES! |
| <input type="checkbox"/> | No Answer |

Do you share your thoughts and feelings with your father?

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | NO! |
| <input type="checkbox"/> | no |
| <input type="checkbox"/> | yes |
| <input type="checkbox"/> | YES! |
| <input type="checkbox"/> | No Answer |