

Name: \_\_\_\_\_ Class: \_\_\_\_\_



# KEEPING HEALTHY

1. Stand up and ask different people. 🗣️🗣️

<p>Do you eat unhealthy food?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you eat fruit every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you eat vegetables food?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 
<p>Do you drink Coca-Cola every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you drink water every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you sleep 10 hours every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 
<p>Do you eat candies every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you wash your hands before eating?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you protect your skin?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 
<p>Do you do exercise regularly?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you have a shower regularly?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 	<p>Do you brush your teeth every day?</p> <p><input checked="" type="checkbox"/></p> <p>NAME: _____</p> 