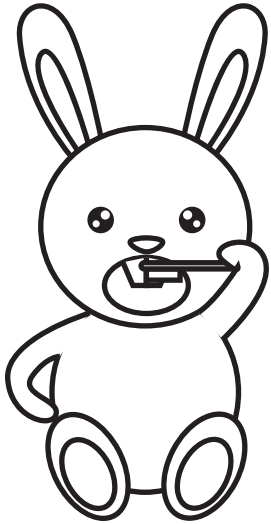


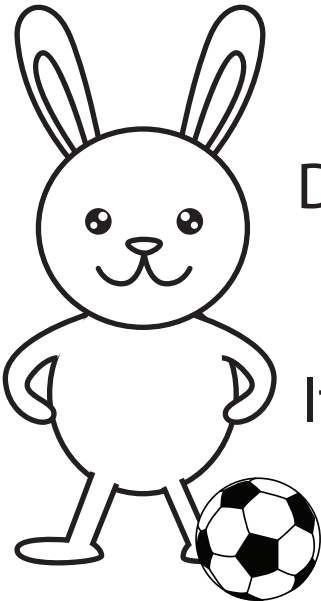
Name _____

Healthy Lifestyle



How many times do you brush your teeth in a day?

I brush my teeth _____ times.



Do you play sports? Circle yes or no.

yes

no

If yes, what do you play?

I play _____.