

<b>Name:</b>	
<b>Date:</b>	
<b>Day:</b>	
<b>Nationality:</b>	

<b>Student's name</b>						
1. Do you have a grandparent who is still alive?						
2. Do you drive to school every day?						
3. Do you have a watch?						
4. Were you born south of the equator?						
5. Did you drink coffee for breakfast today?						
6. Have you visited 5 countries?						
7. Were you born in January?						

<b>Student's name</b>						
8. Do you like broccoli?						
9. Are you an only child?						
10. Do you like pizza?						
11. Do you prefer rice or potatoes?						
12. Can you swim?						
13. Were you born at home or in a hospital?						
14. Do you have more than one brother?						
15. Do you watch television at night?						
16. Do you like to eat fish?						
17. Do you read the newspaper?						

