

**- Choose:**

**Yes, I do or No, I don't.**

- |                         |   |   |                                    |                                      |
|-------------------------|---|---|------------------------------------|--------------------------------------|
| 1- Do you like rice?    |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |
| 2- Do you like fish?    |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |
| 3- Do you like yogurt?  |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |
| 4- Do you like meat?    |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |
| 5- Do you like bread?   |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |
| 6- Do you like carrots? |  |  | <input type="checkbox"/> Yes, I do | <input type="checkbox"/> No, I don't |

**2- Write:**

Yes, I do

or

No, I don't

- |                         |   |   |       |
|-------------------------|---|---|-------|
| 1- Do you like rice?    |  |  | ----- |
| 2- Do you like fish?    |  |  | ----- |
| 3- Do you like yogurt?  |  |  | ----- |
| 4- Do you like meat?    |  |  | ----- |
| 5- Do you like bread?   |  |  | ----- |
| 6- Do you like carrots? |  |  | ----- |