

Name: _____

Date: _____

Asking questions!

complete the questions with these words:

When : Where: Who: What.

1. _____ is your favourite singer?
2. _____ is your house?
3. _____ is your favourite day of the week?
4. _____ is your favourite colour?
5. _____ are your English lessons?
6. _____ is your favourite movie?
7. _____ are you from?
8. _____ is near your house?
9. _____ do you live?
10. _____ is your favourite type of music?
11. _____ time do you go to school?
12. _____ is he talking to?
13. _____ are you going to leave?
14. _____ are you talking about?
15. _____ time is he coming home?

Cilla Adriano Educational Activities email: gmarstardistico@gmail.com