

# My hands and my skin

- I complete the table.

|                                                                                     | <br>Hot | <br>Cold |  |  |  | <br>Smooth | <br>Rough |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|    | <input type="checkbox"/>                                                                 | <input checked="" type="checkbox"/>                                                       | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input checked="" type="checkbox"/>                                                 | <input checked="" type="checkbox"/>                                                           | <input type="checkbox"/>                                                                     |
|    | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|   | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|  | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|  | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|  | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |
|  | <input type="checkbox"/>                                                                 | <input type="checkbox"/>                                                                  | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                          | <input type="checkbox"/>                                                            | <input type="checkbox"/>                                                                      | <input type="checkbox"/>                                                                     |

By: Noura Jbarah