Name : _____ Date: _____

Write the answers based on the signs.

Yes, _____ did.

No, _____ didn't.

1.	Did she eat junk food?	✗	
2.	Did he brush your teeth?	✓	
3.	Did she clean your room?	✓	
4.	Did he drink the juice?	✓	
5.	Did they ride the bike?	✗	
6.	Did they read the book?	✗	
7.	Did he swim in the pool?	✗	
8.	Did she go to school?	✓	
9.	Did they watch TV?	✗	
10.	Did they go to bed early?	✓	

Teacher Syasya

LIVEWORKSHEETS