

Day : \_\_\_\_\_

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? |  |  |