Name: _____ Date: _____

Question Words

WORD BOX			
Who	What	When	Where
Why	How	Is	Does

1. _____ old are you?
2. _____ this your pencil?
3. _____ sits at your table?
4. _____ do you live?
5. _____ is your birthday?
6. _____ your arm hurt?
7. _____ do you want for lunch?
8. _____ are you crying?