

What do you do?

Teacher's Name _____ Grade _____

Today's Date _____

Read each sentence and decide how often you do each activity and put an X in the box (☒).

<u>Sentence</u>	<u>Almost Always</u>	<u>Sometimes</u>	<u>Not Very Often</u>
I wash my hands before I eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink water every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat breakfast at home or at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I drink milk or eat cheese or yogurt every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat fruit every day. (foods like apples, bananas, oranges, and peaches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat green or orange vegetables every day. (foods like spinach, carrots, squash, & broccoli)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I eat whole grains every day. (foods like oatmeal, brown rice and whole wheat bread or tortillas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am physically active every day. (run, swim, play sports, walk to or from school, dance, ride a bike, skate board, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>