

Name :

Date :



Ball toss

“Questions”

1. What is your favourite food?
2. Is there a type of food that you hate?
3. Do you like to snack at night?
4. What do you think about vegetables?
5. What do you think about fruit?
6. What do you think about fast food?
7. What is your favourite type of fruit?
8. What do you eat after a long school day?
9. What do you eat for breakfast?
10. In which country did you eat the best food?

