

RIGHT ON AND NO WAY!

Name: _____ Date: _____

Directions: Write a + next to the activities that you like. Write an X next to the activities that you do not like.

- | | |
|---|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Chess/Checkers |
| <input type="checkbox"/> Riding Bicycles | <input type="checkbox"/> Playing Cards |
| <input type="checkbox"/> Golfing | <input type="checkbox"/> Collecting Things (stamps, coins, dolls) |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Football | <input type="checkbox"/> Pottery |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Watching TV/Movies |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Car Racing | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Having Pets | <input type="checkbox"/> Writing stories/songs/poems |
| <input type="checkbox"/> Going to Church | <input type="checkbox"/> Visiting with friends |
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Hair Care and Make-up |

Now, circle the three things you like the most.

Please list any other activities that you like:
