NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES OR NO?**

Look at each picture. Will the food help your body stay healthy?

Decide and then circle YES or NO.

|  |
| --- |
| **Does this food help your body stay healthy?** |
|  | **YES** or **NO** |
|  | **YES** or **NO** |
|  | **YES** or **NO** |
|  | **YES** or **NO** |