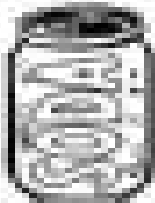
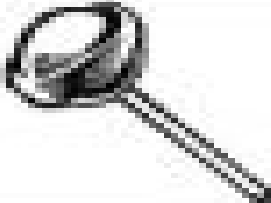





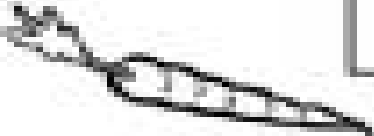


Name: _____

Date: _____

Write an X on the box for the things that can harm your teeth.

1.  <input data-bbox="643 555 802 674" type="checkbox"/>	2.  <input data-bbox="1257 555 1417 674" type="checkbox"/>
3.  <input data-bbox="643 779 802 898" type="checkbox"/>	4.  <input data-bbox="1257 779 1417 898" type="checkbox"/>
5.  <input data-bbox="643 1003 802 1122" type="checkbox"/>	6.  <input data-bbox="1257 1003 1417 1122" type="checkbox"/>
7.  <input data-bbox="643 1227 802 1346" type="checkbox"/>	8.  <input data-bbox="1257 1227 1417 1346" type="checkbox"/>