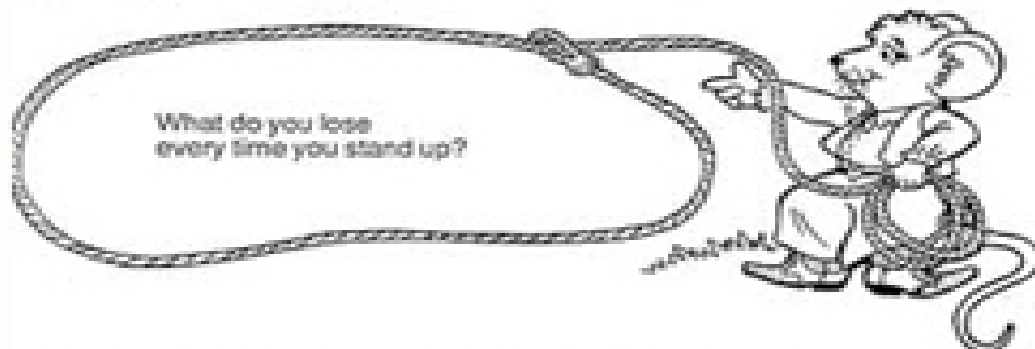


Name \_\_\_\_\_



Circle the letter in the correct column.  
Then put the circled letters on the blanks below.  
Be sure to put them in order.

		Same	Different
a)	blind      not able to see	Y	Q
b)	few      a lot	C	O
c)	hungry      needing food	U	N
d)	asleep      not awake	R	M
e)	dark      light	T	L
f)	empty      full	I	A
g)	heavy      hard to lift	P	D



\_\_\_\_\_ (a)      \_\_\_\_\_ (b)      \_\_\_\_\_ (c)      \_\_\_\_\_ (d)      \_\_\_\_\_ (e)      \_\_\_\_\_ (f)      \_\_\_\_\_ (g)