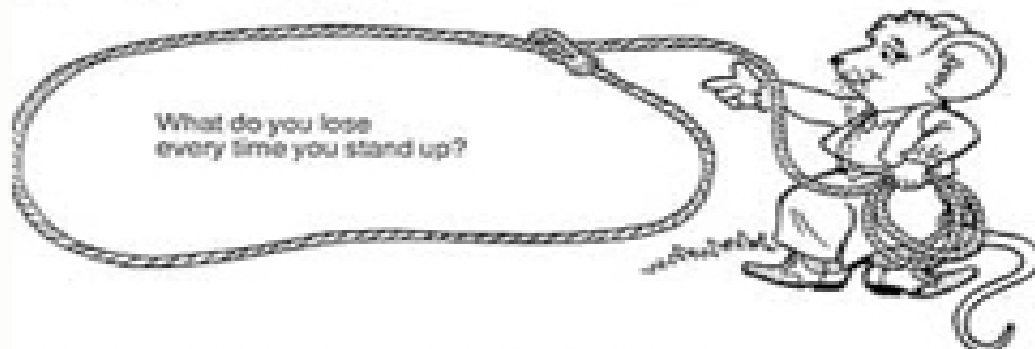


Name _____



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)