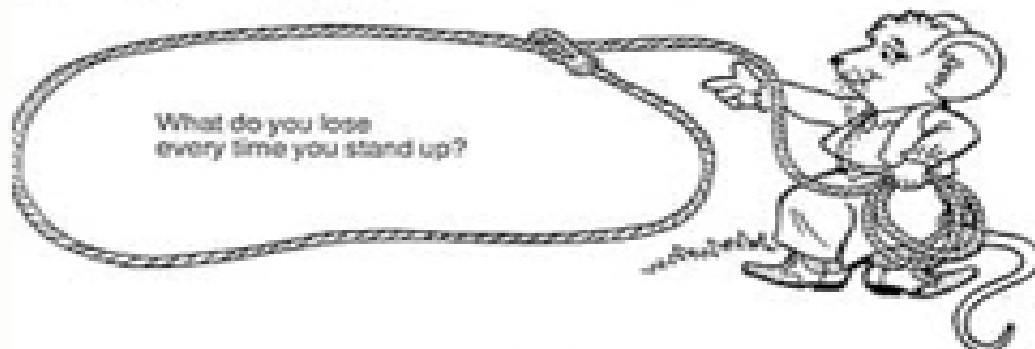


Name \_\_\_\_\_



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)