

# YES OR NO SPREAD

V	IV	III	II	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distant Future	Near Future	Present	Recent Past	Distant Past

## CARDS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_