

Name: \_\_\_\_\_

**DIRECTIONS:** Write **YES** on the blank if the sentence is about a good way of taking care of the sense organ and **NO** if otherwise.

- \_\_\_\_\_ 1. I do not point sharp objects near my eyes.
- \_\_\_\_\_ 2. I read a book in the school service while going to school.
- \_\_\_\_\_ 3. I scratch my eyes when they are itchy.
- \_\_\_\_\_ 4. I avoid listening rock music.
- \_\_\_\_\_ 5. I use hair clips in cleaning my ears.
- \_\_\_\_\_ 6. I cover my nose from dust or strong smells.
- \_\_\_\_\_ 7. I read while lying down.
- \_\_\_\_\_ 8. I clean my body including all my sense organs with water and soap.
- \_\_\_\_\_ 9. I avoid eating food that is too hot.
- \_\_\_\_\_ 10. I eat fruits and vegetables.