

NAME:

DATE:

TAKING CARE OF YOUR NOSE WORKSHEET

Choose **YES** if the statement shows taking good care of the nose and **NO** if it does not.

☐

1. Covering your nose when you smell something bad.

☐

2. Smelling an unknown liquid directly.

☐

3. Wearing a face mask when it is dusty.

☐

4. Blowing your nose very hard.

☐

5. Inserting sharp objects inside your nose.