

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.