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.

LIVEWORKSHEETS