## Family Activity

## Smell-a-thon

Have everyone in your family (including you) complete this family survey. If possible, include your grandparents and older family members to compare "generational" smell memories. Return the completed survey to class so you can compare results with your classmates.

| Family Members  | 1. | 2.   | 3. | 4.   |
|---|----|--|----|--|
| Describe a smell that makes you smile. What does the smell make you think of? |    |  |    |  |
| What smell makes you hungry?  | ,  |  |    |  |
| Draw a face that shows how the smell of old socks makes you feel.             |    |  |    | ·  |
| What's your least favorite smell?<br>What's so bad about it?                  |    |  |    |  |
| What's the first thing you smell in the morning?                              |    |  |    |  |
| Does your home have a "family smell" when you first go in? What's it like?    |    |  |    |  |
| Does your best friend's house smell different than yours? Why?                |    |  |    |  |
| What smell means "danger" to you? Why?  |    | and the state of t |    |  |
| What smell makes you remember when you were young?                            |    |  |    |  |
| What smell makes you feel very grown-up?                                      |    |  |    |  |
| List a smell that makes you think of:   |    |  | ,  |  |
| Supermarket   |    |  |    |  |
| Shopping Mall   |    |  |    | A THE THE THE THE THE STREET S |
| Park  |    |  |    |  |

www.senseofsmell.org







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