Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period \_\_\_\_

Personal Health 206

Aging Activity Recording Sheet

Directions: As you rotate through the various stations, record your feelings, reactions and thoughts about your experiences as if you truly had to endure each of these physical conditions on a daily basis.

1. Hearing loss-
2. Loss of touch-
3. Loss of smell/taste-
4. Stroke-
5. Foot tenderness-
6. Arthritis-
7. Vision Impairments-
8. Stiff joints/paralysis-
9. Loss of mobility-