**Effects of Smoking on Body – Drawing Checklist A**

* Outline/Drawing of Body **\_\_\_\_\_\_\_/5 pts**
* Identify each Body System found on Outline and their parts (organs) **\_\_\_\_\_\_\_\_/20 pts**
* Include 1 Immediate and at least 3 Long-term effects of smoking on each body system **\_\_\_\_\_\_\_/20pts**
* Illustration of the Pathway of Smoke through the body **\_\_\_\_\_\_\_\_/15 pts**
* 5 chemicals found in cigarettes **\_\_\_\_\_\_\_/5 pts**
* 3 facts about smoking **\_\_\_\_\_\_\_/5pts**
* 3 statistics about smoking **\_\_\_\_\_\_\_/5pts**
* 2 ways smoking can affect the non-smoker **\_\_\_\_\_\_\_\_/5pts**
* 3 Reasons teens start smoking **\_\_\_\_\_\_\_/5pts**
* 2 Strategies for quitting smoking **\_\_\_\_\_\_\_/5pts**
* 100 points on Group Participation Number Line **\_\_\_\_\_\_\_/10pts**

**\_\_\_\_\_\_\_\_\_\_/100pts**

**Group Roles**

Facilitator NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Materials Manager NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Collector NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timekeeper NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Participation Number Line

100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20 15 10 5 0

Reason for Loss of Points: