

ATTACHMENT IV

NAME _____ DATE _____ CODE _____

Initial Impact	+	slight	+	extreme
Sweet	+	slight	+	extreme
Ammonia	+	slight	+	extreme
Paper	+	slight	+	extreme
Ashtray	+	slight	+	extreme
Burley Smoke	+	slight	+	extreme
Astringent	+	slight	+	extreme
Nasal Irritation	+	slight	+	extreme
Eye Irritation	+	slight	+	extreme
	+	slight	+	extreme

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