

Name _____

Date _____

Knowing About Disease

Disease	You	Your Parent/Guardian	Your Grandparent/ Older Adult
AIDS/HIV			
Alzheimer's disease			
Amoebic dysentery			
Anthrax			
Asthma			
Breast cancer			
Bronchitis			
Chickenpox			
Cholera			
Cold			
Cystic fibrosis			
Diabetes			
Diphtheria			
Ebola			
Hansen's disease (leprosy)			
Hepatitis (A, B or C)			
Influenza (flu)			
Leukemia			
Lung cancer			
Lyme disease			
Malaria			
Measles			
Meningitis			
Mononucleosis			
Multiple sclerosis			
Mumps			
Parkinson's disease			
Pertussis (Whooping cough)			
Pneumonia			
Poliomyelitis (polio)			
Rabies			
Ringworm			
Rubella (German measles)			
Salmonella (food poisoning)			
Sickle cell anemia			
Strep throat			
Tapeworm			
Tetanus			
Tuberculosis (TB)			
Typhoid			