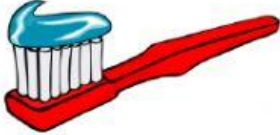


Name:

Date:

Personal Hygiene Questionnaire

How often do you...?

 Brush your teeth	
 Have a shower or bath	
 Wash your hair	
 Clip your nails	

Name:

Date:



Use a
deodorant



Change
socks



Comb your hair



Man only:
Shave