





Name:

Date:

Personal Hygiene Questionnaire

How often do you...?

 <p>Brush your teeth</p>	
 <p>Have a shower or bath</p>	
 <p>Wash your hair</p>	
 <p>Clip your nails</p>	

Name:

Date:



Use a
deodorant



Change
socks



Comb your hair



Man only:
Shave