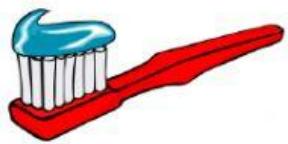


Name:

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