

Name: _____

Why and How Often?

Date: _____

Directions: Ask a family member or a neighbor why and how often each of the following home maintenance tasks should be done. Record their answers below. Add any activities they name that are not on the worksheet.

Why clean?**How often?**

floor

dishes

carpet

car

windows

bathroom

garage/workroom

clothes

Name: _____

Date: _____

furniture _____

fireplace _____

bed sheets _____

stovetop _____

oven _____

refrigerator _____

gutters _____

closets _____