

Name: _____

Date: _____

Why and How Often?

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.

	<u>Why clean?</u>	<u>How often?</u>
floor	_____	_____
dishes	_____	_____
carpet	_____	_____
car	_____	_____
windows	_____	_____
bathroom	_____	_____
garage/workroom	_____	_____
clothes	_____	_____

Name: _____

Date: _____

furniture _____

fireplace _____

bed sheets _____

stovetop _____

oven _____

refrigerator _____

gutters _____

closets _____
