

Name: _____

Date: _____

Personal Hygiene Frequency

Below are a list of Personal Hygiene Activities. Next to each activity, place a check mark in the column of how often you think it should be done. If a task doesn't apply to you, leave it blank.

	Twice a day	Once a day	Twice a week	Once a week	Once a month	As often as needed
Brush teeth						
Shower						
Use deodorant						
Clip fingernails						
Wash face						
Wash hair						
Brush/comb hair						
Clean inside ears						
Use hand/body lotion						
Floss teeth						
Use mouthwash						
Shave face						
Shave underarms						
Use hair product (gel, mousse, spray)						