

Name \_\_\_\_\_ **Personal Hygiene**

# Personal Care Checklist



	<b>How Often Do I . . .</b>	<b>Daily</b>	<b>Regularly</b>
1.	Brush my teeth?		
2.	Take a bath or shower?		
3.	Change my underwear?		
4.	Change my socks?		
5.	Change my clothes?		
6.	Wash my hair?		
7.	Cut my hair?		
8.	Cut my nails?		