**PERSONAL AND SOCIAL DEVELOPMENT**

**HYGIENE – HOW OFTEN?**

Place a tick under how often you think you should complete each of the hygiene tasks on the list during the course of a day.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | TASK | ALL THE TIME | ONCE OR TWICE DAILY | ONCE IN A WHILE | NEVER |
| 1 | Brush your teeth |  |  |  |  |
| 2 | Put on deodorant |  |  |  |  |
| 3 | Clip your fingernails |  |  |  |  |
| 4 | Wear dirty and smelly clothing |  |  |  |  |
| 5 | Change your underwear |  |  |  |  |
| 6 | Take a bath / shower |  |  |  |  |
| 7 | Wash your hair |  |  |  |  |
| 8 | Cover your mouth when coughing/sneezing |  |  |  |  |
| 9 | Wash your hands after using the toilet |  |  |  |  |