









Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Did you...?

|  | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Wash your face<br>            |        |         |           |          |        |
| Take a bath or shower<br>     |        |         |           |          |        |
| Put on clean clothes<br>      |        |         |           |          |        |
| Put on sunglasses<br>        |        |         |           |          |        |
| Brush or comb your hair<br> |        |         |           |          |        |
| Put on jewelry<br>          |        |         |           |          |        |
| Brush your teeth<br>        |        |         |           |          |        |
| Put on your watch<br>       |        |         |           |          |        |