

Name: _____

Date: _____

Personal Hygiene

K U I X A F F A Z L B N X K Q N V L A M H X B Z
A D P O K H I N H O T A T G Y T S H O W E R Z A
H K E Y W X H B T D H V K D W B A C I T M V G M
K D O Z L X X W D F G J A D A W U L F T D A C V
D P F E C V Y A I Q I S F E U K V L W K L A A U
B S D C F H W W M B N E C O L E B H S D N J F V
Z S J K B A A A E W J K B D L E T W A M G S I E
T K W G I I D A S P L Q T O N N X I G E J X J S
I Q S N E R I E Y H U I T R Y P E F E R R B Q O
V M Z I Z K V B H A U C Q A M E L M J T V R G B
S X X N S R U W L K D Z N N P O U H Y M T U J R
S D A R F E A N B P P Y W T S F A B X U T S P K
H B U O A P H C W U B N R S R A N H B M M H D J
Y Q D M Z A G T C X Z P R E W I I I W T F F O I
X D G G Z H U X O K G F P X V P E J K P B B M O
Z H R R U I Q C R L P B U Q E E H K C Z Q K N D
P T K Q X J T T D B C O M R J P E W M S S C M K
E E F D N X F W F F F D V Z R M A B Y L X I C M
L E H N S Z T P K J H Y W E K C K S B T H T K V
X T C D N P S Y O P M S K V W O S Q K J K F L Q
E T Z M F C D R F K U P F A O Q T T E A F H I C
Q L V S O R C X Z A W R R H J K E N O H W P V F
F U N S F J F C B F F A M S H W M O E Z G I C I
P Z M P B H R O C R A Y V Y P H K X G K E P D X

Body spray

Morning

Shower

Shave

Hair

Deodorant

Perfume

Night

Teeth

Wash

Everyday

Clothes

Floss

Brush