

NAME \_\_\_\_\_

DATE \_\_\_\_\_

# Daily Routines

## WHAT TIME DO YOU...?



Read the questions and write your answers on the lines below.



What time do you wake up?

\_\_\_\_\_



What time do you have breakfast?

\_\_\_\_\_



What time do you brush your teeth?

\_\_\_\_\_



What time do you take a shower?

\_\_\_\_\_



What time do you get dressed?

\_\_\_\_\_



What time do you go to school?

\_\_\_\_\_



What time do you eat dinner?

\_\_\_\_\_



What time do you go to bed?

\_\_\_\_\_