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

**Predict Your Water Usage**

How much water would you need to do these activities?

Circle the amount you think you would need. If you think you need a LOT of water, you can circle an amount twice.

|  |  |
| --- | --- |
| **Activity** | **Amount of Water** |
| **Bath** |  |
| **Brush teeth****(tap on)** |  |
| **Shower** |  |
| **Flush toilet** |  |
| **Wash hands or face** |  |
| **Brush teeth** **(tap off)** |  |
| **Drink** |  |