MY DAILY HYGIENE DIARY

For the Month of:

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| Week Commencing:  |

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| Week Commencing:  |

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| **HYGIENE**  | S  | M  | T  | W  | T  | F  | S  |
| Shower / Wash Hair  |   |   |   |   |   |   |   |
| Brush Teeth (AM)  |   |   |   |   |   |   |   |
| Brush Teeth (PM)  |   |   |   |   |   |   |   |
| Flossing  |   |   |   |   |   |   |   |
| Clean Ears (as needed)  |   |   |   |   |   |   |   |
| Wear Clean Clothes  |   |   |   |   |   |   |   |
| Clip Nails (as needed) Hands & Feet |   |   |   |   |   |   |   |
| Clean Nails (as needed) |   |   |   |   |   |   |   |
| Wash Hands after Toilet |   |   |   |   |   |   |   |

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| **HYGIENE**  | S  | M  | T  | W  | T  | F  | S  |
| Shower / Wash Hair  |   |   |   |   |   |   |   |
| Brush Teeth (AM)  |   |   |   |   |   |   |   |
| Brush Teeth (PM)  |   |   |   |   |   |   |   |
| Flossing  |   |   |   |   |   |   |   |
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| Wear Clean Clothes  |   |   |   |   |   |   |   |
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| Wash Hands after Toilet |   |   |   |   |   |   |   |

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| **HYGIENE**  | S  | M  | T  | W  | T  | F  | S  |
| Shower / Wash Hair  |   |   |   |   |   |   |   |
| Brush Teeth (AM)  |   |   |   |   |   |   |   |
| Brush Teeth (PM)  |   |   |   |   |   |   |   |
| Flossing  |   |   |   |   |   |   |   |
| Clean Ears (as needed)  |   |   |   |   |   |   |   |
| Wear Clean Clothes  |   |   |   |   |   |   |   |
| Clip Nails (as needed) Hands & Feet |   |   |   |   |   |   |   |
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| Wash Hands after Toilet |   |   |   |   |   |   |   |

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| **HYGIENE**  | S  | M  | T  | W  | T  | F  | S  |
| Shower / Wash Hair  |   |   |   |   |   |   |   |
| Brush Teeth (AM)  |   |   |   |   |   |   |   |
| Brush Teeth (PM)  |   |   |   |   |   |   |   |
| Flossing  |   |   |   |   |   |   |   |
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| Clean Nails (as needed) |   |   |   |   |   |   |   |
| Wash Hands after Toilet |   |   |   |   |   |   |   |

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