MY DAILY HYGIENE DIARY

For the Month of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | Week Commencing: | |  | |  | | --- | | Week Commencing: | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 |  |  |  |  |  |  |  | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 |  |  |  |  |  |  |  |  |  | | --- | | Week Commencing: | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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 |  |  |  |  |  |  |  |  |  | | --- | | Week Commencing: | |
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