MORNING HYGIENE ROUTINE

Week of: _____ Goal Time: _____

Drink 8oz Water ____ : ____

Brush Teeth & Floss ____ : ____

Wash Face / Skincare ____ : ____

Shower / Refresh ____ : ____

Apply Deodorant ____ : ____

Groom Hair ____ : ____

Vitamin / Medication ____ : ____

NOTES & REFLECTIONS