

HYGIENE HABITS TRACKER

NAME: _____ WEEK OF: _____

DAILY HABIT	M	T	W	T	F	S	S
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Brush Teeth (AM/PM)							
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Wash Face							
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Shower / Bath							
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Comb Hair							
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Clean Clothes							
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Trim/Clean Nails							
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Goal for the Week

Reward If Achieved