

PERSONAL CARE ROUTINE

Name: _____ Week Of: _____

DAILY HABIT	M	T	W	T	F	S	S
-------------	---	---	---	---	---	---	---

Morning Skincare

Hydration (8+ glasses)

Physical Activity

Evening Hygiene

8 Hours Sleep

GOAL SETTING

Total Checks: _____

Weekly Goal: _____

REWARD EARNED