

<small>NAME</small>		Bathe	Wash Hands	Brush Teeth	Drink Water	Play Outside	Sleep Well
Date		<i>Once/ Day</i>	<i>How many times/ day?</i>	<i>Twice/ day</i>	<i>6-8 glasses/ day</i>	<i>How many minutes?</i>	<i>How many hours?</i>
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							