

Personal Care Action Plan

I will take a bath or shower at least ___ times per week.

I like to bathe in the morning/evening (circle one) around _____ o'clock.

Before bathing, I will need: (check all that apply)

<input type="checkbox"/> Shampoo	<input type="checkbox"/> Razor	<input type="checkbox"/> Towel
<input type="checkbox"/> Conditioner	<input type="checkbox"/> Shaving cream	<input type="checkbox"/> Washcloth
<input type="checkbox"/> Soap	<input type="checkbox"/> Body sponge/loofah	<input type="checkbox"/> Comb
<input type="checkbox"/> Face soap/wash	<input type="checkbox"/> Body wash	<input type="checkbox"/> Other: _____

I like the water to be cold/room temperature/warm/hot (circle one) before I get in the shower or tub. I like the showerhead to be on the ___ option or the bath to be ___ of the way full.

In the shower:

Sample 6-minute shower schedule of steps (you can make your own and print and laminate it in the shower). Use an interval timer app to remind you to move on to the next item on the list:

Minute 1: Get entire body wet, use wide-tooth comb or fingers to brush through wet hair

Minute 2: Wash and rinse face, use fingers to rub shampoo into hair and scalp

Minute 3: Wash your arms, legs, and stomach with soap

Minute 4: Wash your underarms, feet, and private parts with soap

Minute 5: Rinse your entire body, use conditioner (if desired) and comb through wet hair

Minute 6: Rinse entire body again, turn off water, use towel to dry off

After the shower, I will use: (check all that apply)

<input type="checkbox"/> Body lotion	<input type="checkbox"/> Razor	<input type="checkbox"/> Deodorant
<input type="checkbox"/> Sunblock	<input type="checkbox"/> Shaving cream	<input type="checkbox"/> Toothbrush
<input type="checkbox"/> Face lotion	<input type="checkbox"/> Aftershave	<input type="checkbox"/> Toothpaste
<input type="checkbox"/> Cream/ointment (acne)	<input type="checkbox"/> Hair gel/cream/spray	<input type="checkbox"/> Dental Floss
<input type="checkbox"/> Washcloth	<input type="checkbox"/> Comb/hairbrush	<input type="checkbox"/> Other: _____

Before I leave the washroom, I will make sure to: (check all that apply)

<input type="checkbox"/> Wipe up water on floor	<input type="checkbox"/> Put away toiletries	<input type="checkbox"/> Hang my towel
<input type="checkbox"/> Pick up dirty clothes	<input type="checkbox"/> Wipe down sink	<input type="checkbox"/> Other: _____