



NAME



W		
D		
, M		
M		
3E		
-W		
1M		

W		
D		
, M		
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3E		
-W		
1M		

W/M/B
M
M/M
M

M
M
M

M
M

, M
M

M

my toothbrushing diary

This diary belongs to: _____

tick the box each time you brush your teeth



week

3



week

4



Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**brush at least twice a day
– first thing in the morning
and last thing before
going to bed**

**use a pea-sized
amount of fluoride
toothpaste**

**spit,
don't rinse**

Well done – keep toothbrushing!