

Simple and easy to use

Have I Showered Today?

Monday	Tuesday	Wednesday	Thursday
Yes <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Time 9am	Time 9.15am	Time	Time

Friday	Saturday	Sunday
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Time	Time	Time



Helps with reassurance, for both the individual living with memory loss and family members