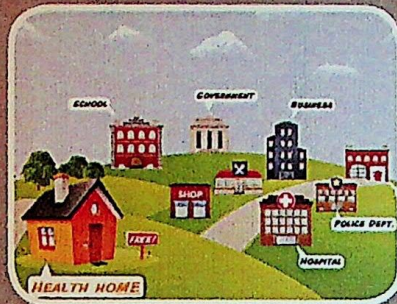
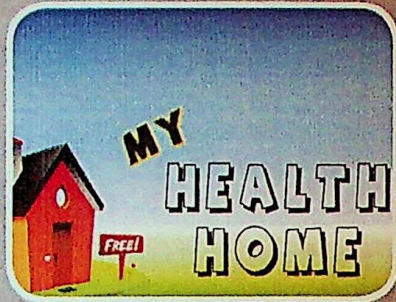


Perfecting My Pearly Whites



A Tool to Improve Your Oral Health Habits

My Pearly Whites

Name:

Start Date:

Completion Date:

What I need to change:



How I plan to do it:







Use the worksheet below to help me.

How I plan to stay on track:



(Visit www.ratings.h3po.org to find websites where you can track your goals and activities)

Working on My Pearly Whites

Activity	Goal	Barriers/ Obstacles in my way	How I plan to overcome these
 <p style="text-align: center;">Brush Teeth How many times/day</p>			
 <p style="text-align: center;">Floss Teeth How many times/day</p>			
 <p style="text-align: center;">Visit a Dentist at least once a year for a check up and cleaning How many times/year</p>			
 <p style="text-align: center;">Limit sugary foods/drinks & frequent snacking</p>			
 <p style="text-align: center;">Drink Fluoridated water</p>			