

Habit # _____

Date: _____

Old Habit: _____

New Healthier Habit: _____

How are you feeling?

Day 1: _____

Day 2: _____

Day 3: _____

Day 4: _____

Day 5: _____

Day 6: _____

Day 7: _____

Day 8: _____

Day 9: _____

Day 10: _____

Day 11: _____

Day 12: _____

Day 13: _____

Day 14: _____

Day 15: _____

Day 16: _____

Day 17: _____

Day 18: _____

Day 19: _____

Day 20: _____

Day 21: _____

*You are on the right track for making a permanent change with this new improved behavior.
It's time to replace another bad habit with a new healthier habit.*

Good Luck!