

STICK TO YOUR NEW HABIT

CHECKLIST

WHAT IS THE NEW HABIT YOU WANT TO CREATE?

WHY DO YOU WANT TO CREATE THIS HABIT?

HOW WILL YOU FEEL WHEN THIS BEHAVIOR IS A HABIT?

WHEN WILL YOU COMPLETE THIS HABIT EACH DAY?

HOW WILL YOU KEEP YOURSELF ACCOUNTABLE?

WHO WILL YOU TELL TO KEEP YOU ACCOUNTABLE?



KEEP TRACK OF YOUR NEW HABIT. CHECK EACH DAY OFF ONCE COMPLETE

| | | | | | | | | | |
|-------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|
| DAY 1 | <input type="checkbox"/> | DAY 8 | <input type="checkbox"/> | DAY 15 | <input type="checkbox"/> | DAY 22 | <input type="checkbox"/> | DAY 29 | <input type="checkbox"/> |
| DAY 2 | <input type="checkbox"/> | DAY 9 | <input type="checkbox"/> | DAY 16 | <input type="checkbox"/> | DAY 23 | <input type="checkbox"/> | DAY 30 | <input type="checkbox"/> |
| DAY 3 | <input type="checkbox"/> | DAY 10 | <input type="checkbox"/> | DAY 17 | <input type="checkbox"/> | DAY 24 | <input type="checkbox"/> | DAY 31 | <input type="checkbox"/> |
| DAY 4 | <input type="checkbox"/> | DAY 11 | <input type="checkbox"/> | DAY 18 | <input type="checkbox"/> | DAY 25 | <input type="checkbox"/> | DAY 32 | <input type="checkbox"/> |
| DAY 5 | <input type="checkbox"/> | DAY 12 | <input type="checkbox"/> | DAY 19 | <input type="checkbox"/> | DAY 26 | <input type="checkbox"/> | DAY 33 | <input type="checkbox"/> |
| DAY 6 | <input type="checkbox"/> | DAY 13 | <input type="checkbox"/> | DAY 20 | <input type="checkbox"/> | DAY 27 | <input type="checkbox"/> | DAY 34 | <input type="checkbox"/> |
| DAY 7 | <input type="checkbox"/> | DAY 14 | <input type="checkbox"/> | DAY 21 | <input type="checkbox"/> | DAY 28 | <input type="checkbox"/> | DAY 35 | <input type="checkbox"/> |