



Name: _____

Today's Date: _____

New Habit: _____

Start Date: _____

Completion Date: _____

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential Obstacles

Plan to Overcome

How can you make this new habit:

Obvious _____

Attractive _____

Easy _____

Satisfying _____