



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** \_\_\_\_\_