

HEALTHY HABIT PLAN



Make sure your action plan says:

WHAT you are going to do

HOW MUCH you are going to do

WHEN you are going to do it

HOW MANY days a week you are going to do

This week I will:

_____ (what)

_____ (how much)

_____ (when)

_____ (how many)

PUT A CHECK IN THE BOX FOR EACH DAY YOU MAKE YOUR GOAL THIS WEEK!

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY