



Habits of Healthy Eating and Hydration

Goal Weight

Current Weight

BMI <25

Food Intake:

Fuelings?
 Yes No

How Many?

Healthy Meals?
 Yes No

Low GI?
 Yes No

Healthy Fats?
 Yes No

Hunger Level?
 Low Medium High

Cravings?
 Yes No

Hydration:

64 ounces of water today?
 Yes No

How Much? ounces

Comments:

A large grid of small dots for writing comments, consisting of 20 rows and 40 columns.



Habits of Healthy Motion:

Steps Today:

Activity level?

Low Medium High

NEAT Activities:

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EAT Activities:

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Workout (not for the first three weeks):

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Comments:

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Habits of Healthy Sleep:

In bed in time to get eight hours of sleep?

Yes No

How many hours did I sleep?

Energy level today

Low Medium High

Naps today:

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Comments:

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Habits of Healthy Mind:

Successfully Use Stop. Challenge. Choose.™ today:

Yes No

How did you respond to the Challenge?

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Did you set aside some quiet time for yourself?

Yes No

Did you meditate?

Yes No

Did you spend some time reading an inspirational book or video?

Yes No

Write down 1–3 things you are grateful for:

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Comments:

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Habits of Healthy Surroundings:

I connected with my support system and community today.

Yes No

How?

I talked to my coach.

Yes No

Did you improve your surroundings today to help with your health or wellbeing?

Yes No

Comments:

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What three things will I do tomorrow to make my day more optimal?

1.
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2.
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3.
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