



# Healthy Habits Tracking Form

Description of your tracking

\*Must show at least **2 days a week** of tracking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Goal I'm Tracking: \_\_\_\_\_

**Examples of tracking:**

- Nutrition:** Log calories or servings of food      **Hydration:** Log number of 8oz. Waters drank
- Exercise:** Log activity type and minutes of exercise      **Sleep:** Log number of hours of sleep.
- Smoking:** Number of cigarettes per day      **Diabetes:** Track blood sugar and time of day
- Counseling/Mental Health:** Log counseling or mindfulness/meditation activity

**Week 1**    Start Date: \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Week 2**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Week 3**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Week 4**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Week 5**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Week 6**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY