

Habit Journal

Name:	
Entry 1:	Date:
Morning Routine Wake-up time: _____ Stretching/Yoga: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Meditation: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Breakfast: <input type="checkbox"/> Healthy <input type="checkbox"/> Unhealthy	
Physical Health Exercise: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Number of steps: _____ Water intake: <input type="checkbox"/> Met goal <input type="checkbox"/> Below goal <input type="checkbox"/> Above goal	
Mental Well-being Gratitude journal: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Affirmations: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Reading: <input type="checkbox"/> Completed <input type="checkbox"/> Skipped	
Productivity To-do list: <input type="checkbox"/> Completed <input type="checkbox"/> Partially completed <input type="checkbox"/> Skipped Focus sessions (e.g., Pomodoro Technique): <input type="checkbox"/> Done <input type="checkbox"/> Skipped Time wasted on distractions: _____ minutes	
Self-Care Skincare routine: <input type="checkbox"/> Followed <input type="checkbox"/> Skipped Healthy snack: <input type="checkbox"/> Consumed <input type="checkbox"/> Skipped Relaxation activity (e.g., bath, hobby): <input type="checkbox"/> Done <input type="checkbox"/> Skipped	
Reflection Overall mood: _____ (scale of 1-10) Challenges faced today: _____ Wins and achievements: _____ Areas for improvement: _____	
Entry 2:	Date:
Morning Routine Wake-up time: _____ Stretching/Yoga: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Meditation: <input type="checkbox"/> Done <input type="checkbox"/> Skipped Breakfast: <input type="checkbox"/> Healthy <input type="checkbox"/> Unhealthy	

Physical HealthExercise: Done Skipped

Number of steps: _____

Water intake: Met goal Below goal Above goal**Mental Well-being**Gratitude journal: Done SkippedAffirmations: Done SkippedReading: Completed Skipped**Productivity**To-do list: Completed Partially completed SkippedFocus sessions (e.g., Pomodoro Technique): Done Skipped

Time wasted on distractions: _____ minutes

Self-CareSkincare routine: Followed SkippedHealthy snack: Consumed SkippedRelaxation activity (e.g., bath, hobby): Done Skipped**Reflection**

Overall mood: _____ (scale of 1-10)

Challenges faced today: _____

Wins and achievements: _____

Areas for improvement: _____

Entry 3:**Date:****Morning Routine**

Wake-up time: _____

Stretching/Yoga: Done SkippedMeditation: Done SkippedBreakfast: Healthy Unhealthy**Physical Health**Exercise: Done Skipped

Number of steps: _____

Water intake: Met goal Below goal Above goal**Mental Well-being**Gratitude journal: Done SkippedAffirmations: Done SkippedReading: Completed Skipped

Productivity

To-do list: Completed Partially completed Skipped

Focus sessions (e.g., Pomodoro Technique): Done Skipped

Time wasted on distractions: _____ minutes

Self-Care

Skincare routine: Followed Skipped

Healthy snack: Consumed Skipped

Relaxation activity (e.g., bath, hobby): Done Skipped

Reflection

Overall mood: _____ (scale of 1-10)

Challenges faced today: _____

Wins and achievements: _____

Areas for improvement: _____