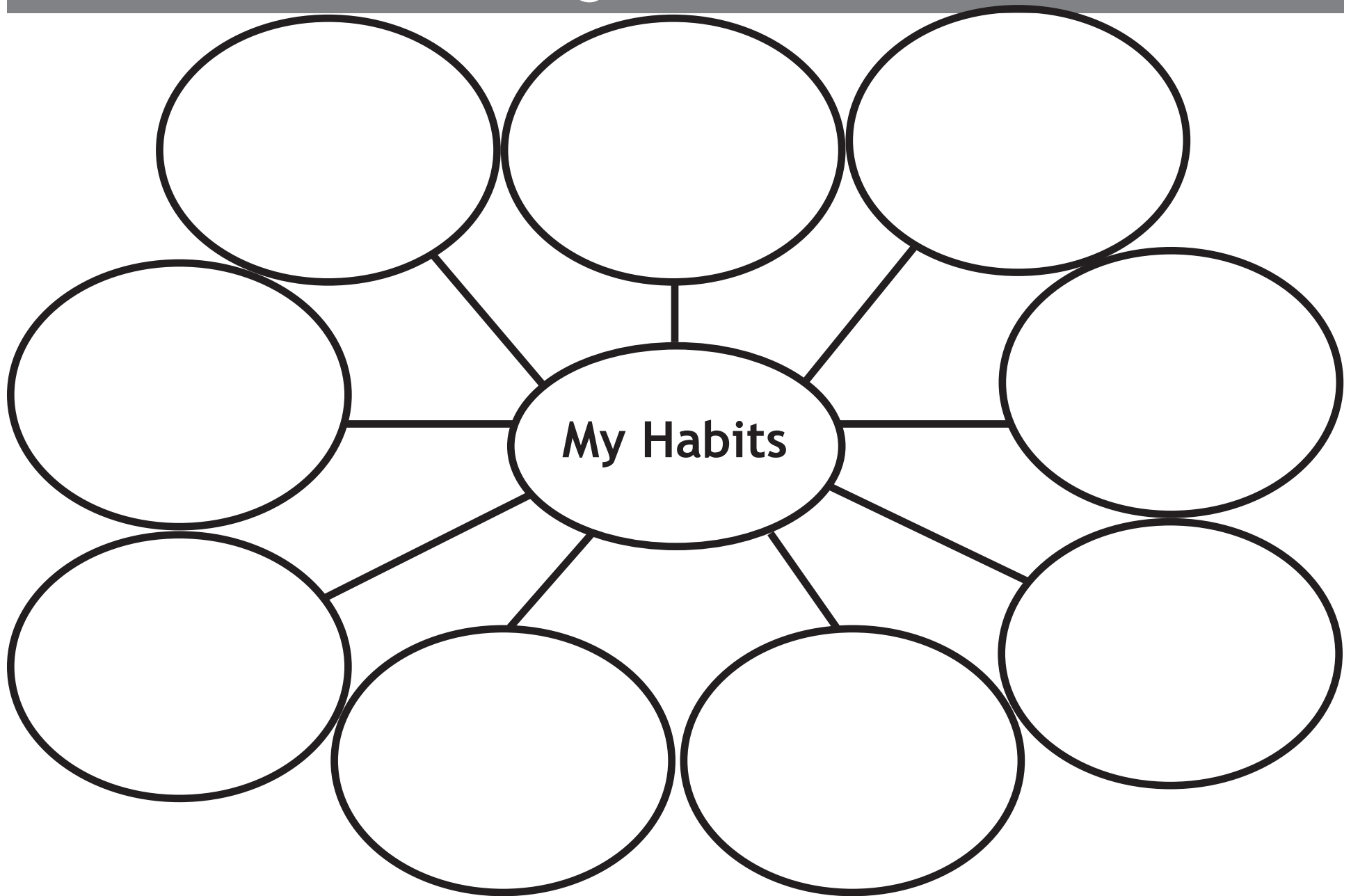


Name:

Creating Better Habits



Name: _____

Creating Better Habits

My Habits	My Super-Charged Habits	How Often/Action Taken
Positive		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____
Neutral		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____
Negative		M: <input type="checkbox"/> _____ T: <input type="checkbox"/> _____ W: <input type="checkbox"/> _____ Th: <input type="checkbox"/> _____ F: <input type="checkbox"/> _____ Sa: <input type="checkbox"/> _____ Su: <input type="checkbox"/> _____