

HEALTHY HABITS CHECKLIST

Pre 6 week challenge

Name: _____

Start Date: _____

Weight: _____ Height: _____

BP: _____ Pulse: _____

Instructions: Please put a check in the block when you complete the habit for the day. A successful week would reflect 5 per week for each behavior listed.

Week 1

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

Week 2

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

Week 3

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

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Week 4

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

Week 5

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

Week 6

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Exercise 30 - 60 minutes							
Drink 6-8 glasses of water							
8 Servings veg/fruit per day							
No sugary drinks							
No Caffeine 6 hours before bedtime							
Limit electronic leisure screen time to no more than 2 hours per day							
7-8 Hours of Sleep							

Post 6 week challenge

Name: _____

End Date: _____

Weight: _____ Height: _____

BP: _____ Pulse: _____