

Habit Journal

Name:	
Entry 1:	Date:
Morning Routine Wake-up time: _____ Stretching/Yoga: ☐ Done ☐ Skipped Meditation: ☐ Done ☐ Skipped Breakfast: ☐ Healthy ☐ Unhealthy	
Physical Health Exercise: ☐ Done ☐ Skipped Number of steps: _____ Water intake: ☐ Met goal ☐ Below goal ☐ Above goal	
Mental Well-being Gratitude journal: ☐ Done ☐ Skipped Affirmations: ☐ Done ☐ Skipped Reading: ☐ 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: _____	
Entry 2:	Date:
Morning Routine Wake-up time: _____ Stretching/Yoga: ☐ Done ☐ Skipped Meditation: ☐ Done ☐ Skipped Breakfast: ☐ Healthy ☐ 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: _____