

# 30 DAY TRACKER

**Habit:** .....

**Start date:** .....

**Reason:** .....

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30

# **AFTER 30 DAYS**

**1. Did you complete the habit all 30 days? Was it difficult to do?**

**2. How do you feel about the habit after doing it for 30 days? Is it worth continuing it?**

**3. If it was not helpful, is there anything you can change to try it again for another 30 days?**

**4. Why do you feel that this habit was or was not helpful? Be specific, what made up your mind?**

**5. What habit will you work on next?**