

One Week Daily Log for New Habits

DATE	Cue	Replacement Done?	Old Habit	New Habit	How it Felt After
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			
		<input type="checkbox"/> Yes / <input type="checkbox"/> No			

Weekly Reflection:

- What went well? _____

- What needs adjusting? _____
