Plan of Change
Identify Habit Patterns That Create Roadblocks 1. Food Choices
2. Exercise Choices
3. Unhealthy or Negative Thoughts
4. Unhealthy or Negative Behaviors (smoking, alcohol or drug abuse, caffeine, diet soda, etc)
Daily Activities/Habits: Briefly examine the activities of a typical day. List each activity and the time you generally participate in that activity.
AM:
MID-AM:
WIID-AIVI.
NOON:
MID-AFTERNOON:
EARLY PM:
LATE PM: