



My Name: \_\_\_\_\_

# CHC Goal Worksheet

**My Health Vision**

Starting Date: \_\_\_\_\_

**Daily Progress Record**

		Week 1						Week 2						Week 3						Week 4					
My Goals	Action Items	M	T	W	Th	F	Sat	M	T	W	Th	F	Sat	M	T	W	Th	F	Sat	M	T	W	Th	F	Sat
1) Hydration																									
2) Nutrition																									
3) Exercise/Respiration																									
4) Sleep																									

Situations that impede my progress:

Achievements: