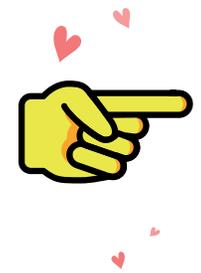


31-Day Goal Tracker & Reflection

Journaling for January



S	M	T	W	T	F	S
	<input type="checkbox"/> Complete the goal, check the box, then answer the question...	MY 31-DAY GOAL IS...		1 <input type="checkbox"/> Why this habit or goal matters to you.	2 How <input type="checkbox"/> you feel after sticking to your goal for two days.	3 <input type="checkbox"/> Who could hold you accountable.
4 <input type="checkbox"/> What kind of person completes this goal.	5 Some- <input type="checkbox"/> thing you can change to make completing the daily goal easier.	6 Which <input type="checkbox"/> day you've felt the best after completion and why.	7 The <input type="checkbox"/> hardest day of the first 7 days and why.	8 A <input type="checkbox"/> change you can make to your schedule to make the goal easier.	9 One <input type="checkbox"/> thing that motivates you to keep going.	10 Whe- <input type="checkbox"/> ther ten days of your goal has made you feel more confident.
11 <input type="checkbox"/> What progress you've noticed so far.	12 Some- <input type="checkbox"/> thing that may be delaying you completing your goal.	13 A <input type="checkbox"/> change you can make to your surroundings to make it easier.	14 Whe- <input type="checkbox"/> ther the goal needs less or more effort compared to day 1.	15 Whe- <input type="checkbox"/> ther you think less or more about the goal every day.	16 <input type="checkbox"/> How you feel at the halfway point.	17 If <input type="checkbox"/> you've missed a day (or more), how you felt.
18 <input type="checkbox"/> What you have learned about yourself so far.	19 <input type="checkbox"/> What helped you complete the goal on a very tough day.	20 <input type="checkbox"/> Who has supported you the most so far.	21 After <input type="checkbox"/> three weeks, the biggest change you've noticed.	22 <input type="checkbox"/> What you told yourself on tough days.	23 <input type="checkbox"/> Whether the goal drains or energizes you.	24 Other <input type="checkbox"/> daily routines or habits you could pair the goal with.
25 <input type="checkbox"/> Whether you want to continue into February.	26 <input type="checkbox"/> One way you've surprised yourself.	27 <input type="checkbox"/> What about this process you're grateful for.	28 <input type="checkbox"/> Whether pursuing this goal has improved your life.	29 <input type="checkbox"/> The day you wanted to give up the most and why.	30 Whe- <input type="checkbox"/> ther your answer to 'day 1' is the same or different.	31 <input type="checkbox"/> How it feels to complete 31 days.