

Happy Holidays Challenge 2018/2019

Today's Date: _____ My Challenge Buddy: _____

Step 1: My Outcome (Results): _____

Step 2: My Purpose (Why): _____

Step 3: From today through _____, I commit to the following:

_____ -days per week I will...

- **Step 4:** Set an alarm to go off every _____ hours to do the following:
 - Breathe (5:20:10 breathing)
 - Water (drink an 8 oz glass of filtered water)
 - Move (get up, do 3 to 5-minutes movement/stretching)
- Eat 50-70 % vegetables and fruits.
- Gratitude: Write down 1-3 specific things and/or people I am grateful for from the day or recall 1-3 memories I am grateful for.
- Eliminate 2 things that are not supporting my wellbeing (e.g., dairy, coffee, alcohol, TV, social media, smoking, sugar, etc.)
 - 1. _____
 - 2. _____



Happy Holidays Challenge 2018/2019

Other outcomes I will achieve before the new year include (Use this space to record any additional goals, commitments, or anything you would like to accomplish):

Outcomes for 2019 (What do you dream about doing next year, and why?):

Happy Holidays Challenge 2018/2019

SUN	MON	TUE	WED	THU	FRI	SAT
DEC	3	4	5	6	7	8
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude
9	10	11	12	13	14	15
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude
16	17	18	19	20	21	22
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude
23	24	25	26	27	28	29
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude
30	31	JAN 1	2	3	4	5
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude
6	7	8	9	10	11	12
<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe	<input type="checkbox"/> Breathe
<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water	<input type="checkbox"/> Water
<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move	<input type="checkbox"/> Move
<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat	<input type="checkbox"/> Eat
<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude	<input type="checkbox"/> Gratitude