Name:

Date:

**Wellness Behavior Modification**

1. List some unhealthy habits the you have. Include habits that affect physical, social and mental health. You can also list some healthy habits you could improve.

1.

2.

3.

4.

5.

6.

7.

2. What could happen is these behaviors continue?

3. Choose one or more of these habits/behaviors to change and explain why you would like to change it.

4. Create a goal about how you will modify this goal habit/behavior. Be very specific.

5. What are little things you can do on a daily basis to reach this goal?

6. What might happen if you achieve your goal?

List Goal and Sign below:

Goal:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_