

Month :

Date	Sleep at least 7 hrs	Drink 3 lts of water	Exercise	Healthy Food	Sun screen	Moisturizer	Cleansing Face	Less Stress	Right Beauty Product	No Alcohol	Score
1											__ /10
2											__ /10
3											__ /10
4											__ /10
5											__ /10
6											__ /10
7											__ /10
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26											__ /10
27											__ /10
28											__ /10
29											__ /10
30											__ /10
31											__ /10

My Note:

How to use this sheet?

If you have followed the particular habit than Give 1 point, otherwise 0. Calculate total score.