Advance Coaching Academy´s Habit Tracker

Instructions

Most of us walk through life not realizing how many of the things we do (or don't do) on a daily basis are actually connected. The goal of this handout is to help you gain awareness of as many connections and patterns as possible. When we are unable to overcome blocking behaviors, identifying one or two patterns could make the difference between no progress and complete freedom from our blocking behavior. After tracking for 3 weeks, you can then establish meaningful boundaries that will help to minimize the amount of times you are tempted to engage in your blocking behavior and improve your life overall. Example: You notice after 3 weeks of tracking that whenever you spend time with a certain person, your energy level drops, you become angry, and you engage in your blocking behavior of eating junk food. Based on that, you can set a boundary on how often you see that person and how long you interact with them.

This packet has enough worksheets for you to track for 3 weeks. There is space at the top of each worksheet to write in the day, as well as what time you woke up and went to bed. Use the far-right column to track your energy levels during the day. Use whatever measurement is easiest for you to track this. An option might be L for low energy, M for medium, and H for high. Our sleep patterns and our energy levels can both play a significant role in our capacity to withstand temptation. At the end of each week, there are worksheets to help you review the previous week's worksheets and to document any patterns.

Below are helpful categories to consider when thinking about what you will track. These categories are used in the last section of this handout to help you establish boundaries.

1. Blocking behavior(s): When did I engage in any of my blocking behaviors?

2. Time: How did I spend my time? on my devices (phone, tablet, etc.)? watching TV? other?

3. Content: What did I see? watch? read? listen to? What games did I play?

4. People: Who did I spend time with? Talk to? Text, chat, etc.?

5. Locations/activities: Where did I go? What events/activities did I go to?

6. Substances: What did I put into my body? food? alcohol? drugs?

7. Money: How much did I spend? When? Where?

8. Significant interactions, significant emotions: joy, sadness, anger, fear, shame; feeling rejected, abandoned, dismissed, not heard, not safe, etc.

9. Energy Levels: What is draining my energy?

WEEK 1 - DAY 1

Woke Up:_____   Went to Bed:_____

Blocking Behavior: (ex. Leaving a sink of dirty dishes.)	How Often: (ex. every morning)	Energy Level: (ex. L)
Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:

WEEK 1 - DAY 2

Woke Up:_____   Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:

WEEK 1 - DAY 3

Woke Up:_____

Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:

WEEK 1 - DAY 4

Woke Up:_____

Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:
Blocking Behavior:	How Often:	Energy Level:

WEEK 1 - DAY 5

Woke Up:_____   Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

WEEK 1 - DAY 6

Woke Up:_____   Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

Woke Up:_____

Went to Bed:_____

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

Blocking Behavior:	How Often:	Energy Level:

Notes:

WEEK 1

Key Observations to Make When Tracking Your Progress:
- What are your observations about each of the aspects you are monitoring?
- Are there any discernible patterns? Did you learn anything new? What factors affected your energy levels?
- Pay particular attention to any potential links you observed between what you are tracking and when you engaged in any of your blocking behaviors.

1. Blocking behaviors:

   (Ex. leaving dirt dishes)

2. Time:

   (Ex. It would only take 10 minutes to clean up)

3. Content:

4. People:

5. Locations/Activities:

6. Substances:

7. Money:

8. Significant interactions or emotions:

9. Energy Levels:

10. Other Observations: