

Small Wins

CHECKLIST

DATE: _____

No	ACTIVITIES	<input checked="" type="checkbox"/>
1	Daily 10 Minute Exercise	<input type="checkbox"/>
2	10 minute reflection	<input type="checkbox"/>
3	Practice forgiveness	<input type="checkbox"/>
4	Daily Gratitude	<input type="checkbox"/>
5	Reach out to someone you haven't talked to	<input type="checkbox"/>
6	Daily Self-Care	<input type="checkbox"/>
7	Less Alcohol	<input type="checkbox"/>
8	No Excuses	<input type="checkbox"/>
9	Daily Accountability	<input type="checkbox"/>
10	Write a daily journal entry	<input type="checkbox"/>
11	Practice mindfulness or meditation	<input type="checkbox"/>
12	Set a small goal and achieve it	<input type="checkbox"/>
13	Practice a new skill or hobby	<input type="checkbox"/>
14	Spend at least 10 minutes outside	<input type="checkbox"/>
15	Drink at least 8 glasses of water	<input type="checkbox"/>
16	Do a random act of kindness every day	<input type="checkbox"/>
17	Spend at least 10 minutes organizing	<input type="checkbox"/>
18	Limit social media and phone use	<input type="checkbox"/>
19	Spend at least 10 minutes reading	<input type="checkbox"/>
20	Spend at least 10 minutes learning	<input type="checkbox"/>