

Smoothie Habit Tracker

Day 1

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 2

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 3

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 4

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 5

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 5

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 6

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 7

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 8

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 9

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 10

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 11

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 12

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 13

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 14

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 15

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 16

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 17

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 18

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 19

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 20

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 21

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 22

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 23

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 24

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 25

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 26

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 27

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 28

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 29

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 30

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

Day 31

Date: _____

My Smoothie Today:

Did I add greens today?

☐ No ☐ Yes

Did I try a new ingredient today?

☐ No ☐ Yes

If yes, what was the new ingredient?

How did I feel after my smoothie?

Notes / Improvements for tomorrow:

