

THE HABIT ARCHITECTURE & SUSTAINABILITY BLUEPRINT

Client Name: _____ Date: __
Primary Health Goal: _____

Section 1: Readiness Assessment (TTM Stage)

Before building, we must assess the foundation. Check the statement that best describes you today:

- ☐ **Contemplation:** I know I should change, but I'm worried about the effort/cost.
 - ☐ **Preparation:** I am ready to start and want a concrete plan for next week.
 - ☐ **Action:** I am currently following the protocol but find it requires a lot of willpower.
 - ☐ **Maintenance:** These habits are becoming "who I am," but I'm bored or hitting a plateau.
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Section 2: Habit Stacking Builder

Move behaviors from the "Willpower" (Prefrontal Cortex) to "Automatic" (Basal Ganglia) by anchoring them to existing routines.

The Formula: After I [Current Habit], I will [New Healthy Habit].

1. After I ____, *I will* ____.
 2. After I ____, *I will* ____.
 3. After I ____, *I will* ____.
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Section 3: Environmental Friction Audit

Design your space so that success is the path of least resistance.

Goal Behavior	Decrease Friction (Make it easier)	Increase Friction (Make "bad" habits harder)
Example: Supplements	Put organizer next to coffee maker.	N/A

Goal Behavior	Decrease Friction (Make it easier)	Increase Friction (Make "bad" habits harder)
Example: Nutrition	<i>Pre-chop veggies on Sunday.</i>	<i>Move chips to the highest shelf in the garage.</i>
Target 1:		
Target 2:		

Section 4: Identity & Resilience Reflection

Shifting from "doing" a protocol to "being" a healthy person.

Identity Shift: Instead of "I am trying to eat well," I now say: *"I am the type of person who _____."*

The 80/20 Resilience Rule: If a "Life Quake" (stress, travel, illness) occurs this week, what are the **non-negotiable 20%** of my habits that I will keep to maintain my foundation? 1. _____ 2. _____

Secondary Gain Check: Is there any part of me that feels "safer" or "more cared for" by staying in my old patterns?

Section 5: Practitioner Observations & Next Steps

Current Success Score (1-10): ____ *(How automatic do these habits feel?)*

Practitioner Notes:

Next Review Date: _____

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