

LIFESTYLE AUDIT

BEHAVIOUR CHANGE:	<i>What are you changing?</i>	CRITERIA:	<i>How will you know if you've done it?</i>	STANDARD:	<i>How often/much do you want to do it?</i>
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IMPLEMENTATION INTENTION: <i>How, when and where will you do it?</i>
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INITIAL MONITORING PHASE

Day	Tick	Why not?	Day	Tick	Why not?	Day	Tick	Why not?
1			8			15		
2			9			16		
3			10			17		
4			11			18		
5			12			19		
6			13			20		
7			14			21		

PLAN OF CHANGE 1

How many days did you succeed?	Most common reasons for not meeting criteria:	What changes will you make?
NEW IMPLEMENTATION INTENTION:		

MONITORING PHASE 2

Day	Tick	Why not?	Day	Tick	Why not?	Day	Tick	Why not?
1			8			15		
2			9			16		
3			10			17		
4			11			18		
5			12			19		
6			13			20		
7			14			21		

PLAN OF CHANGE 2

How many days did you succeed?	Most common reasons for not meeting criteria:	What changes will you make?
NEW IMPLEMENTATION INTENTION:		

MONITORING PHASE 3

Day	Tick	Why not?	Day	Tick	Why not?	Day	Tick	Why not?
1			8			15		
2			9			16		
3			10			17		
4			11			18		
5			12			19		
6			13			20		
7			14			21		