



NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_ DATE: \_\_\_\_\_

# IS IT A GOOD HABIT?

Color Yes and No Block.

	
YES	NO

	
YES	NO


	
YES	NO

	
YES	NO

	
YES	NO

	
YES	NO

	
YES	NO

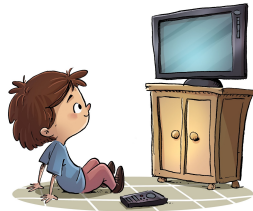
	
YES	NO

	
YES	NO

# MATCH GOOD & BAD HABITS



**SLEEPING  
LATE AT NIGHT**



**WATCHING  
A LOT OF TV**



**HAND WASH**



**BRUSH TEETH  
REGULARLY**



**SMOKING**



**PLAY  
SPORTS**



**REGULAR  
BATH**



**REGULAR  
EXERCISE**



**EATING JUNK FOOD**

**BAD  
HABITS**

**GOOD  
HABITS**

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# GOOD & BAD HABITS

Read the following habits and mark them as good or bad.

**Good Habit**      **Bad Habit**

1. I brush my teeth every day.

☐☐

2. I play video games often.

☐☐

3. I don't drink water.

☐☐

4. I walk my dog.

☒☐

5. I go to bed early.

☐☐

6. I eat junk food.

☐☐

7. I ride my bicycle.

☐☐

8. I eat a lot of cookies.

☐☐

9. I don't sleep well.

☐☐

10. I wash my hands well.

☐☐

11. I stay up late.

☐☐

12. I play basket ball.

☐☐

13. I practice yoga.

☐☐

14. I don't eat sugar.

☐☐

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# GOOD & BAD HABITS

Paste the Good and Bad habits in the respective box.

**Good Habits**

**Bad Habits**

running

not bathing

smoking

swimming

sleep all day

nail biting

watching TV

eat vegetables

reading book

eat fruits

fighting with friends

workout





NAME: \_\_\_\_\_ MONTH: \_\_\_\_\_ WEEK: \_\_\_\_\_

# HABIT TRACKER

GOALS	M	T	W	TH	F	S	SU

How did the week go?

Plans for the next week