

Heart Health Habit Tracker

Small daily steps can help keep your heart strong.

Use this tracker to pay attention to your habits and celebrate your progress each week.

This Week's Goal: (Write one simple goal for the week. Example: Move 15 minutes every day, drink more water, or reduce salty snacks.)

How I Will Take Care of My Heart: (Choose 2–3 small actions that you plan to focus on.)

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Daily Tracking Grid (Use for Monday–Sunday)

M T W T F S S

MOVEMENT:
DID YOU MOVE YOUR
BODY TODAY?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MEALS & SNACKS
DID YOU INCLUDE:

- VEGETABLES OR FRUIT
- LEAN PROTEIN
- WHOLE GRAINS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER INTAKE
DID YOU STAY
HYDRATED TODAY?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLOOD PRESSURE
IF YOU MONITOR BP,
RECORD IT HERE:

—/—	—/—	—/—	—/—	—/—	—/—	—/—
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MEDICATION CHECK
DID YOU TAKE YOUR
MEDICATIONS AS
PRESCRIBED?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STRESS BREAK
DID YOU TAKE A MOMENT
TO REST, BREATHE, OR
RELAX TODAY?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SLEEP
HOURS SLEPT:

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Weekly Reflection Section

What went well this week?
(Write 1–2 wins, even small ones.)

What was challenging?

What I want to focus on
next week: