

Healthy Hibben Challenge - Week 7

Daily Prayer - This is the day the Lord has made! May I receive it with gratitude and rejoice in the goodness of the Lord. Amen

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<u>Daily Scripture</u> Colossians 2:6-7	<u>Daily Scripture</u> Genesis 1:27	<u>Daily Scripture</u> Colossians 3:1-3	<u>Daily Scripture</u> Philippians 3:20-21	<u>Daily Scripture</u> Deuteronomy 8:11-14	<u>Daily Scripture</u> 1 Corinthians 15:10a	<u>Daily Scripture</u> 1 Corinthians 10:12-13
Reflection	Reflection	Reflection	Reflection	Reflection	Reflection	Reflection
Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity
Time _____	Time _____	Time _____	Time _____	Time _____	Time _____	Time _____
Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>	Healthy Habits Healthy Oils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brush <input type="checkbox"/> Floss <input type="checkbox"/> Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Sleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Healthy Diary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruits/Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10,000 Steps <input type="checkbox"/>