

Re-wiring our brains to be habitually happy - bring on the dopamine!

DAY 1	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 2	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 3	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 4	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 5	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 6	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 7	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 8	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 9	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 10	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 11	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 12	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 13	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 14	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 15	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 16	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 17	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 18	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 19	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 20	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____
DAY 21	Grateful for: _____ _____ _____	<input type="checkbox"/> Sent message to: _____	<input type="checkbox"/> Meditation _____ min.	<input type="checkbox"/> Exercise: _____ min.	<input type="checkbox"/> Journaling _____