





# Habit Contract to Develop Better Eating Habits

This contract is a commitment to improve my health, well-being, and quality of life by developing better eating habits.

 **Contracting Party:** Name: \_\_\_\_\_

 **Start Date:** Date: \_\_\_\_\_

## Reasons to Develop Better Eating Habits:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Goals:

1. Incorporate at least five servings of fruits and vegetables daily by (specific date): \_\_\_\_\_
2. Limit intake of processed and sugary foods to \_\_\_\_ times per week by (specific date): \_\_\_\_\_

## Action Steps:

1. **Initial Steps:** a. Identify unhealthy eating triggers: \_\_\_\_\_  
b. Plan weekly meals in advance: \_\_\_\_\_  
c. Set up a support system: \_\_\_\_\_
2. **Daily/Weekly Tasks:** a. \_\_\_\_\_  
b. \_\_\_\_\_
3. **Rewards for Achieving Goals:** a. \_\_\_\_\_  
b. \_\_\_\_\_

## Rewards:

1. **Short Term Reward for First Week:**

\_\_\_\_\_

2. **Mid Term Reward for First Month:**

\_\_\_\_\_

3. **Long Term Reward for Six Months:**

\_\_\_\_\_

## Consequences for Non-Compliance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Support Partner Details:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Role of Support Partner:

1. To provide encouragement and support.
2. To help maintain accountability towards the set goals.
3. To offer understanding and motivation during challenging times.
4. To celebrate milestones and achievements in the journey to develop better eating habits.

## Review Dates:

1. **First Review:** [Insert Date] \_\_\_\_\_
2. **Second Review:** [Insert Date] \_\_\_\_\_
3. **Final Review:** [Insert Date] \_\_\_\_\_

During each review, progress will be assessed, challenges will be addressed, and adjustments to the action steps, if necessary, will be made.

## Acknowledgement and Commitment:

I, [Name]\_\_\_\_\_, understand the importance of healthy eating to my overall well-being and quality of life, and I am making a committed decision to develop better eating habits. I will actively pursue the action steps listed above and will seek support as needed.

Signature of Contracting Party: \_\_\_\_\_

I, [Support Partner's Name], \_\_\_\_\_ commit to supporting [Name]\_\_\_\_\_ in their journey to develop better eating habits. I will offer encouragement, understanding, and accountability to help them achieve their goal.

Signature of Support Partner: \_\_\_\_\_

Date of Signing: \_\_\_\_\_