

The 7 HABITS of the CORE Person
Core Habit Tracker Form

Name: _____

Month: _____

1 Have 8+ Marketing Plan Conversations A MONTH

Date	1to1 Prospect Name	Home	#Prospects	RESULTS		
				#Apps	#Clients	NO
1 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 ____ / ____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 100% USER OF THE AMWAY PRODUCTS

Total PV from personal use

3 Customers – 60+ % VCS - Total VCS % for Month _____

4 LISTEN TO 1+ Audio per Day

Title(s)	16	_____
1	17	_____
2	18	_____
3	19	_____
4	20	_____
5	21	_____
6	22	_____
7	23	_____
8	24	_____
9	25	_____
10	26	_____
11	27	_____
12	28	_____
13	29	_____
14	30	_____
15	31	_____

5 READ 10+ PAGES A DAY [Recommended Book]

Book in the process of reading _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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6 ATTEND ALL NETWORK TWENTYONE FUNCTIONS

Attend Monthly Upline Previews & Any Weekly in person Previews (If Available) Y | N

Connect / BBS Ticket
Purchased

Y

N

WES Ticket Purchased

Y

N

7 TEAMWORK

COUNSELING session date

Principle of EDIFICATION practiced

Y

N

Principle of NO-CROSSLINING
practiced

Y

N