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	Sunday __/__/__	Monday __/__/__	Tuesday __/__/__	Wednesday __/__/__	Thursday __/__/__	Friday __/__/__	Saturday __/__/__
OPTAVIA Fueling							
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OPTAVIA Fueling							
OPTAVIA Fueling							
Lean & Green Meal							
Lean & Green Meal							
Healthy Snack							
Habit of Motion (activity)							
microHabits of Health (mHOH)							
Water Intake <i>(check off how many glasses of water you have each day)</i>  = 8 oz.	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8	 1  2  3  4  5  6  7  8
OPTAVIA Log							
After 12 PM, did you have 1 less cup of caffeine? <i>(check the cup if you cut one each day and fill out how many you had)</i>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
Standing	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra	<input type="checkbox"/> Standing for 2 minutes extra
How did you reward yourself?							