

Daily Success Tracker

Date: _____

OPTAVIA Fueling

- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____

How I felt today:

Good OK Yucky

Optional Snack

Time: _____
 Snack: _____

Exercise & Activity

Lean & Green Meal

Time: _____ Lean Protein: _____

Green: 1 _____ 2 _____
 3 _____

Fat Serving (s): _____

oz Glasses of Water

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	12	13	14	15	16	17	18	19	20

Daily Success Tracker

Date: _____

OPTAVIA Fueling

- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____

How I felt today:

Good OK Yucky

Optional Snack

Time: _____
 Snack: _____

Exercise & Activity

Lean & Green Meal

Time: _____ Lean Protein: _____

Green: 1 _____ 2 _____
 3 _____

Fat Serving (s): _____

oz Glasses of Water

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	12	13	14	15	16	17	18	19	20

Daily Success Tracker

Date: _____

OPTAVIA Fueling

- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____

How I felt today:

Good OK Yucky

Optional Snack

Time: _____
 Snack: _____

Exercise & Activity

Lean & Green Meal

Time: _____ Lean Protein: _____

Green: 1 _____ 2 _____
 3 _____

Fat Serving (s): _____

oz Glasses of Water

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	12	13	14	15	16	17	18	19	20

Daily Success Tracker

Date: _____

OPTAVIA Fueling

- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____
- Time: _____ Fueling: _____

How I felt today:

Good OK Yucky

Optional Snack

Time: _____
 Snack: _____

Exercise & Activity

Lean & Green Meal

Time: _____ Lean Protein: _____

Green: 1 _____ 2 _____
 3 _____

Fat Serving (s): _____

oz Glasses of Water

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	12	13	14	15	16	17	18	19	20