Our Program is comprised of four components that all work together throughout your entire journey:

1 **YOUR OPTAVIA COACH:**
   - The one-on-one personal support and mentorship is what makes our Program stand out. As your personal OPTAVIA Coach, I’m there to guide you through the Program and assist you with changing your lifestyle. As your biggest cheerleader, I’ll be there for you to share every challenge and victory along the way. I will support you in reaching your optimal weight. I’ll provide tips along the way and we’ll celebrate the successes throughout your journey!

2 **THE HABITS OF HEALTH® TRANSFORMATIONAL SYSTEM:**
   - It’s not just about getting your body healthy, it’s also about getting your mind healthy. Our Habits of Health Transformational System is the educational component designed to help you strategize your plan for reaching optimal health and wellbeing.

3 **THE OPTAVIA COMMUNITY:**
   - In addition to your OPTAVIA Coach, our Community of like-minded people are all on the same health journey and focused on creating better health. From live and recorded Client support calls and webinars, our Community is a place where you can find support, share triumphs, and ask questions.

4 **OPTAVIA FUELINGS:**
   - Our nutrition plan is easy to follow—you don’t have to count calories or macronutrients, it’s all done for you. With our Optimal Weight 5 & 1 Plan®, your body enters a gentle but efficient fat-burning state.

   During this weight loss phase, you’ll have six small meals a day. Five of these meals are Fuelings, which are nutritionally interchangeable and provide vitamins and minerals along with probiotics which help support digestive health, as part of a balanced diet and healthy lifestyle. The sixth meal is a Lean & Green meal you will prepare yourself, which contains a healthy amount of lean protein and three servings of non-starchy vegetables. Along with drinking 64 oz. of water per day.*

   We coach Clients through all three phases of the Program; reaching a healthy weight, transition and optimization.

*We recommend drinking 64 ounces of water each day. Talk with your healthcare provider prior to changing the amount of water you drink as it can affect certain health conditions and medications.
INVITE

I’ll partner with you to place your first order to ensure you receive free shipping, 10% rewards, and your 5 free boxes of Fuelings. One of our kits will give you just what you need.

You’ll also be a part of OPTAVIA Premier, the recurring monthly order, which will ensure that you don’t run out of Fuelings. You’ll get a reminder email, which allows you to customize your order from one month to the next. I’ll assist you with this when the time comes.

REMEMBER –
IF A CLIENT ANSWERED AFFIRMATIVELY TO ANY OF THE HEALTH QUESTIONS IN “STEP 01: AWAKEN” OF THE OPTAVIA HEALTH ASSESSMENT, BE SURE TO CONSULT OUR “OPTAVIA PROGRAM CONSIDERATIONS.”

From listening to what you shared with me I feel that this could be a perfect fit for you and your lifestyle. If you are ready to go, I am ready to coach you! What would you like to do?

IF YES, THEY ARE READY TO MOVE FORWARD ON THEIR HEALTH JOURNEY:

Great! Let’s get you started!

Let me guide you in placing your first order, I’ll just need to verify your contact information.

Your Program will arrive in about 1 week. You’ll be receiving a welcome email soon.

Your transformation towards achieving your health goals could happen quickly and when it does, people will be asking you about it. When that happens, you can refer those people to me and receive “X” (if you choose to do a referral program on your own to thank people for referrals, please discuss with your Business Coach).

Or, because people often prefer to be coached by their friends and family, you may want to consider coaching them yourself with training and support provided by me. You may not be thinking about this right now, but who knows… you may feel so incredible with the results you get that you may want to share OPTAVIA with others. A significant percentage of our Coaches were first Clients who got healthy and then decided to “pay it forward.”

Please call or text as soon as you receive your comprehensive Program.

IF NOT YET:

I appreciate that you may need to think about this a little bit. How about I give you a call in a few days to see if you have any more questions?

Possibly set up a follow-up appointment? If Candidate agrees, write follow-up on Health Assessment.

Also ask, “as you meet others who are also looking to get healthy, please feel free to refer them to me.”

FOLLOW-UP STRUCTURE:

• Send a thank you text or email, assuring them that you would love to partner with them to [insert their why]. Consider sharing a story they can relate to.

• If you put your Candidates in your Facebook Client support page, ask them for permission to add them to this page.

• Put them in your Section 1 - ‘Candidate Follow-up’ folder and follow-up on your follow-up day.
USE THIS AREA TO TRACK FOLLOW-UP FOR THOSE WHO AREN’T READY YET:
A common way to check-in is by asking how their health journey is going.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OPTAVIA PROGRAM CONSIDERATIONS

It’s important for you to understand that there are multiple aspects of one’s health to consider when selecting which OPTAVIA Program fits best for a Client. Some of these can be allergies, medication interactions, or general health conditions.

Please see below to help guide you in coaching your new Client towards their optimal health and wellbeing journey.

**Diabetes Plan:**
While the Optimal Weight 5 & 1 Plan®, Optimal Weight 4 & 2 & 1 Plan®, and Optimal Weight 5 & 2 & 2 Plan® are all appropriate for people with diabetes, it is essential that the individual’s healthcare provider monitors blood sugar and medication dosages. Continued medical monitoring by the healthcare provider will be necessary.

**Gout Plan:**
Our OPTAVIA for Gout Plan promotes gradual weight loss and encourages food choices with only low or moderate amounts of purines. The Optimal Weight 5 & 1 Plan, Optimal Weight 4 & 2 & 1 Plan and the Optimal Weight 5 & 2 & 2 Plan are not appropriate for someone who has a history of gout, even if it's been quite some time since their last gout flare.

**Nursing Mothers Plan:**
Our OPTAVIA for Nursing Mothers Plan is designed for the nursing mother whose baby is over two months of age and who is providing the majority of the baby’s nutrition through breast milk.

**Seniors Guide:**
People age 65 and older can use the Optimal Weight 5 & 1 Plan with 30 minutes of physical activity every day. A higher calorie meal Plan may be recommended based on individual needs, especially those who are sedentary.

**Optimal Weight 4 & 2 & 1 Plan:**
The Optimal Weight 4 & 2 & 1 Plan is an easy meal plan to help individuals reach a healthy weight. It may be right for those who exercise greater than 45 minutes per day, have less than 15 pounds to lose, are 65 years or older and not regularly active or want to incorporate fruit, dairy and starches.

**Teen Plans:**
Our OPTAVIA for Teens Plans are specifically designed to meet the nutritional needs of adolescent boys and girls, 13-17 years old. Do not use the OPTAVIA Program if you are under the age of 13 years old.

**Plan Overview:**
See all Plan overviews in one location.

MEDICATION DISCLAIMERS:
Clients should talk with their healthcare provider prior to starting the Program. Visit COACHANSWERS.OPTAVIA.com for more information and search for the specific medication.

**Clients on Lithium:**
The healthcare provider may wish to adjust frequency of lab work for the Client and monitor.

**Clients on Coumadin® (Warfarin):**
Clients should talk with their healthcare provider prior to starting the Program. Visit COACHANSWERS.OPTAVIA.com and search “Coumadin” for more information.

**Thyroid Medications, Soy and OPTAVIA**
Medications include Synthroid and Levothyroxine. TIP: Order soy-free OPTAVIA Fuels for the five free boxes in the first Premier order. The soy-free Fueling will be used for the meal that is closest to when the Client takes the thyroid medication.

MEDICAL DISCLAIMER:
We recommend that you consult your healthcare provider prior to starting any weight loss Program. Do not use any OPTAVIA Program if you are pregnant or under the age of 13. The OPTAVIA for Teens Plan is the only OPTAVIA Program appropriate for teens (13 to 17 years of age). If you have a serious acute or chronic illness (e.g., heart attack, diabetes, cancer, liver disease, kidney disease, anorexia, bulimia, etc.), do not use any OPTAVIA Program until your healthcare provider says you have recovered or stabilized. The Optimal Weight 5 & 1 Plan is NOT appropriate for teens (13 to 17 years of age), sedentary older adults (65 years and older), nursing mothers, people with gout, some people with diabetes, and those who exercise more than 45 minutes per day. For special medical or dietary needs, including food allergies, refer to our Program information online and talk to your OPTAVIA Coach.

When following a weight-loss Program, talk with your healthcare provider about any medications, especially Coumadin® (warfarin), lithium, diabetes medication or medications for high blood pressure.

**NOTE:** Rapid weight loss may cause gallstones or gallbladder disease for those at high risk.

While adjusting to intake of a lower-calorie level and diet changes, some people may experience temporary lightheadedness, dizziness or gastrointestinal disturbances.

We recommend drinking 64 ounces of water each day. Talk with your healthcare provider prior to changing the amount of water you drink as it can affect certain health conditions and medications.

This Program and any of its materials do not in any way constitute medical advice or substitute for medical treatment.

Further questions or concerns: Contact us at 1.888.OPTAVIA and select Nutrition Support
Or visit: COACHANSWERS.OPTAVIA.COM

© 2019 OPTAVIA LLC. All Rights Reserved

50036B OPTAVIA_HEALTH_ASSESSMENT_GUIDELINES-061819
HEALTH ASSESSMENT: INTRODUCTIONS & SETTING EXPECTATIONS FOR MEETING

Note: All text in *italics* are meant to be read out-loud to Clients.

"It’s great speaking with you today and I’m excited to see if I can assist you with your goals. Before we can determine if one of our Programs is right for you, I’d like to ask you a few questions to learn about you and your health goals. Does that sound good?"

**STEP 01: AWAKEN**

1. *I would love to hear what you would like to accomplish with your health.* (Weight loss, improved sleep, better response to stress, etc.)

2. *What is your main motivation for wanting to make changes to your health?* (Relationships, activities, how you will feel, etc.)

3. *Can you tell me about a time in your life when you were healthier? What has changed between then and now?*

4. *Tell me about your health: Do you have any allergies or medical conditions that could influence which Program we choose?*

*Reminder: We recommend that Clients contact their healthcare provider before starting and throughout their weight loss journey.*

5. *Are you Pregnant?*  Yes  No  *Are you nursing?*  Yes  No  *If yes, how old is your baby?*

6. *Are you taking any medications for:*
   - Diabetes
   - High Blood Pressure
   - Lithium*
   - Thyroid†
   - *Coumadin*® (Warfarin)‡
   - Other medications:

7. *Do you have the following:*
   - High Blood Pressure
   - Diabetes Type I
   - Diabetes Type II
   - Gout
   - Gluten Intolerance or Sensitivity
   - Soy Allergy or Intolerance
   - Food Allergies
   - Other

8. *Now that you’ve shared some of your current health goals, I want to give you a quick idea of what is possible.*

   Share YOUR story (or someone else’s). Take 90 seconds or less to share the pieces of your story or a Client’s story that will connect with this person.

9. *Remember: If a Client answers affirmatively to any of the questions to the left, consult the ‘Health Assessment Guidelines: OPTAVIA Program Considerations’ page before suggesting a Program.*

© 2019 OPTAVIA LLC. All Rights Reserved.
STEP 02: DAILY ROUTINE & HABITS

SLEEP & ENERGY
How many hours of sleep do you get in a typical night? How would you describe the quality of your sleep? On a scale of 1-10, what is your energy level throughout the day?

MOTION
How would you describe the quantity & quality of the activity you do each week? How many hours a day do you sit? How many days a week do you exercise? (0 - 7 days) What types of physical activity do you enjoy?

MIND
On a scale of 1-10, how fulfilled are you? On a scale of 1-10, how much do you worry? What area of your life tends to be the biggest stress for you? What do you do for work? On a scale of 1-10, how much do you enjoy what you do?

FOOD & HYDRATION
How many meals and snacks do you eat per day? When do you eat your first meal of the day? How many times a week do you eat out? And where? How many ounces of water do you drink per day? Do you drink other beverages? Coffee, soda, alcohol, tea, etc. If so, how often and how much?

WEIGHT MANAGEMENT
Are you comfortable sharing your age? How tall are you? How much do you currently weigh? What would you consider to be a healthy weight for you? Have you tried to lose weight in the past? What has been difficult for you about losing and maintaining weight?

SURROUNDINGS
On a scale of 1-10, how healthy would you rate your surroundings? (Does this person have healthy and active friends, supportive family, keep junk food in the house, etc.) Is there anyone in your life who would like to get healthy with you?

Thank you for sharing, now I’d like to tell you how our Program could help you achieve your goals.

NEXT STEP: Refer to the ‘Health Assessment Guidelines: Sharing Script’

CLIENT TRACKING INFORMATION:

How did we meet? Lead Referral Of:

STARTING WEIGHT:

Gender: Age:

Current weight: Current BMI:

Desired weight: Desired BMI:

Healthy weight range:

Health assessment date:

Order date: Start date:

Address:

City/State/Zip:

Time zone:

COACH CHECKLIST:

- Recommend client consult their healthcare provider before starting a program
- Confirm receipt of client’s welcome email (before & after, measurements, and guide)
- Send friend request via Facebook, add to Facebook support group, and welcome them
- Send journey kick-off video, & confirm video was viewed before you have a brief night before conversation
- Add client to your newsletter
- Set up daily support messages (virtual or text)
- Invite to weekly support calls
- Teach client on how to refer others
- Send OPTAVIA Premier order video when 7 day reminder email comes

COACH TIPS:

As your Client begins their journey to optimal wellbeing, they may feel hungry, tired, or irritable as their body adjusts to a new way of eating. While adjusting to intake of a lower-calorie level and diet changes, some people may experience temporary lightheadedness, dizziness or gastrointestinal disturbances.

When speaking to your Clients, here are a few additional tips to make the adjustment period easier into fat burning for your Clients.

You can remind them to:

- Download and use the Habits of Health® App to track their fuelings and water intake.
- Stay hydrated with water.*
- Consider choosing a start date when you don’t expect any social food-centered events.
- Stay busy.
- Approach their health journey, one day at a time.
- Open up Your LifeBook, put your name in it & read the introduction, once in a fat burning state.
- Avoid temptations, and stay focused on your health goals.
- Sip on 1 cup of broth or eat 2 dill pickle spears (as needed in the first few days). *If Client has no sodium restrictions.
- Wait to start exercising for 2 - 3 weeks on the Optimal Weight 5 & 1 Plan.*

*We recommend drinking 64 ounces of water each day. Talk with your healthcare provider prior to changing the amount of water you drink as it can affect certain health conditions and medications.
**HEALTH ASSESSMENT: CLIENT CHECK-IN TRACKER**

Make sure to call your Client during the first week per the schedule below!

**REMEMBER TO CONTINUE TO CHECK-IN WITH YOUR CLIENT FROM DAY 7 ONWARD**

Please use the following pages to continue your check-ins. Confirm a weekly check-in day. ☀️ S ☀️ M ☀️ T ☀️ W ☀️ T ☀️ F ☀️ S

Ask them: "Have you shared your success with anyone? Are people asking you about your transformation?"

When that happens, you can refer those people to me and receive "X" (if you choose to do a referral program on your own to thank people for referrals, please discuss with your Business Coach). Or, because people often prefer to be coached by their friends and family, you may want to consider Coaching them yourself. A significant percentage of our Coaches were Clients first who became healthy and then decided to "pay it forward."

<table>
<thead>
<tr>
<th>JOURNEY KICK-OFF CHECK-IN</th>
<th>NOTES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY ONE CHECK-IN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY TWO CHECK-IN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY THREE CHECK-IN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY FOUR CHECK-IN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY SEVEN CHECK-IN</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIPS FOR WORKING WITH NEW CLIENTS:**

1. Place their completed Health Assessment in **Section 2 - ‘New Clients’ folder**.
2. Make sure you have your weekly check-ins with your New Clients, discuss their Health Assessment with them and make a note of their progress.
3. Set a Client Support day during the week and graduate all Week 1 - Clients to that day’s schedule moving forward.
4. Once a Client has been on their Program for one month, move them to **Section 3 - ‘Active Clients’ folder**.
<table>
<thead>
<tr>
<th>DATE</th>
<th>NOTES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 5 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 6 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 7 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 8 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 9 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 10 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 11 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>WEEK 12 CHECK-IN</td>
<td></td>
</tr>
<tr>
<td>CHECK-IN</td>
<td></td>
</tr>
</tbody>
</table>

CONTINUE CHECK-INS WITH YOUR ACTIVE CLIENTS TO ASSIST THEM ON THEIR JOURNEY THROUGH OUR HABITS OF HEALTH® TRANSFORMATIONAL SYSTEM.

Blank 'Client Check-In Trackers' are available for download on COACHANSWERS.OPTAVIA.COM