



# 14-Day Movement Detective Challenge

14 DAY CHALLENGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	?
Did you sit more than 8 hours today?	<input type="checkbox"/>														
Did you switch from sitting to standing while working?	<input type="checkbox"/>														
Did you take movement breaks every hour?	<input type="checkbox"/>														
Did you climb stairs above the second floor today?	<input type="checkbox"/>														
Did you walk at least 15 minutes?	<input type="checkbox"/>														
Did your commute include walking?	<input type="checkbox"/>														
Did you do any planned exercise?	<input type="checkbox"/>														
Have you felt low on energy today?	<input type="checkbox"/>														
Have you had sugar cravings?	<input type="checkbox"/>														
Did you sleep more than 7 hours last night?	<input type="checkbox"/>														
Did you have trouble falling asleep?	<input type="checkbox"/>														
Was your sleep quality poor?	<input type="checkbox"/>														
Did you wake up at night with pain?	<input type="checkbox"/>														
Have you felt pain/discomfort in your neck/back?	<input type="checkbox"/>														
Have you felt pain/discomfort in your hips?	<input type="checkbox"/>														
Have you felt pain/discomfort in your knees?	<input type="checkbox"/>														



# 14 Day Challenge Summary

