



WEEKLY MEASUREMENT TRACKER

Before

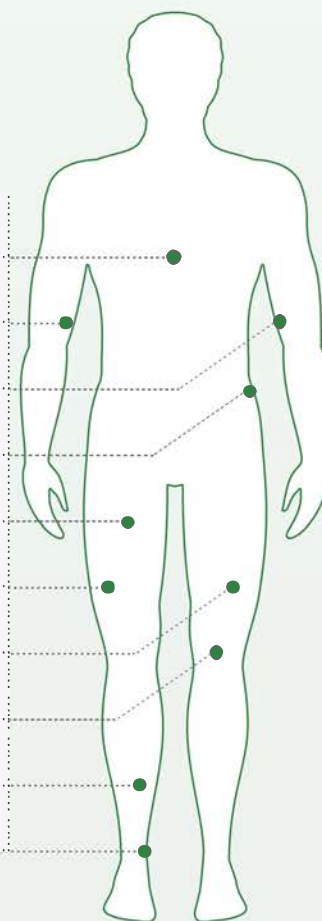
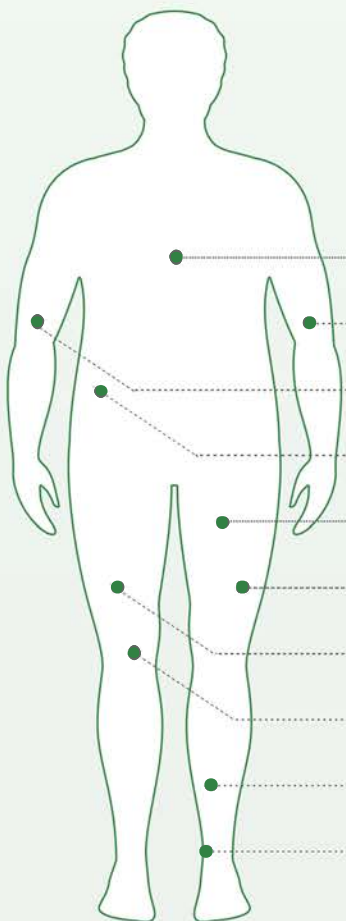
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After

____/____/____

MEASURES

Measured at widest point with muscle flexed



Chest
Right Arm
Left Arm
Waist
Hips
Right Thigh
Left Thigh
Knee
Calf
Ankle

Weight:

Total Inches Lost:

Total Weight Lost:

Waist to Hip Ratio:

Weight:

Difference

Chest	Right Arm	Left Arm	Waist	Hips
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Right Thigh	Left Thigh	Knee	Calf	Ankle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date:

____/____/____