MEASUREMENTS

Start of Program

Date: _____
day/month/year

Coach: _____

Neck (optional) cm: _____

Bust/chest cm: _____

Waist cm: _____

Hips cm: _____

Thigh (optional) cm: _____

Total cm: _____

Weight kg: _____

Progress Check Date:

Date: _____
day/month/year

Coach: _____

Neck (optional) cm: _____

Bust/chest cm: _____

Waist cm: _____

Hips cm: _____

Thigh (optional) cm: _____

Total cm: _____

Weight kg: _____

Total cm lost: _____

Total weight lost: _____

Next measurement date:

_____