

Progress Sheet

Fill out the sheet every 2 weeks

Dates/Week # _____ to _____

Beginning Weight: _____

End Weight: _____

How do your clothes feel?

Beginning

End

Loose? _____ Tight: _____

Looser? _____ No change: _____

MEASUREMENTS

WAIST

Beginning: _____

End: _____

HIPS

Beginning: _____

End: _____

THIGHS

Beginning

End

Right: _____ Left: _____ Right: _____ Left: _____

CHEST

Beginning: _____

End: _____

ARMS (in between shoulder & elbow)

Beginning

End

Right: _____ Left: _____ Right: _____ Left: _____

Energy levels

Beginning: _____

End: _____

How do you feel overall?

Beginning: _____

End: _____