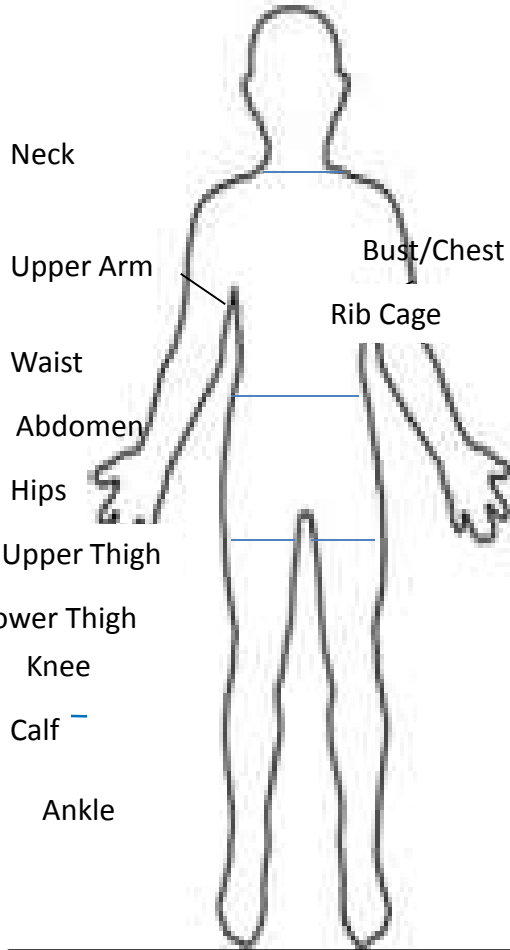


MEASUREMENT TRACKING SUCCESS

NAME:

*** DATE:**



Week or Month	START																	
	↓		1ST		2nd		3rd		4th		5th		6th		GOAL			
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R		
Neck																		
Neck																		
Upper Arm																		
Bust / Chest																		
Rib Cage																		
Waist- smallest point																		
Abdomen																		
Hips fullest point																		
Upper Thigh																		
Up Knee/Low thigh																		
Knee																		
Ankle																		
Total Inches gone																		

WEIGHT:

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