



EVALUATION PROGRAM

Name: _____

Current Weight: _____

Target Weight: _____

Measurements
(*Men)

<input type="text"/>	Neck*
<input type="text"/>	Shoulders*
<input type="text"/>	Underarm
<input type="text"/>	Chest*
<input type="text"/>	Thorax*
<input type="text"/>	Waist*
<input type="text"/>	Hips

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

My 1st measurements
Date: _____
Weight lost: _____

My ____ measurements
Date: _____
Weight lost: _____

My ____ measurements
Date: _____
Weight lost: _____

My ____ measurements
Date: _____
Weight lost: _____

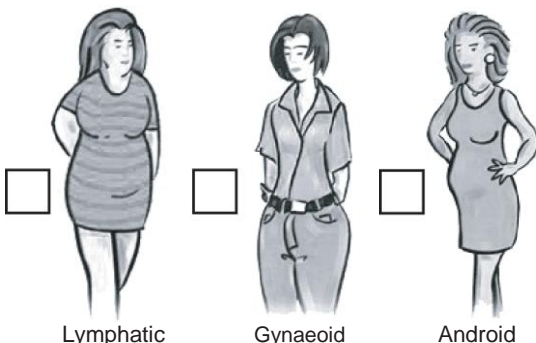
cm/in	%	cm/in	%	cm/in	%	cm/in	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My Clothes
Jeans and pants
I wear size _____
Weight _____
Dresses
I wear size _____
Weight _____

My Clothes
Jeans and pants
I wear size _____
Weight _____
Dresses
I wear size _____
Weight _____

My Clothes
Jeans and pants
I wear size _____
Weight _____
Dresses
I wear size _____
Weight _____

My Clothes
Jeans and pants
I wear size _____
Weight _____
Dresses
I wear size _____
Weight _____



Lymphatic

Gynaecoid

Android

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

	cm/in	%	cm/in	%	cm/in	%	cm/in	%	cm/in	%	cm/in	%
Neck*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shoulders*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Underarm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chest*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thorax*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waist*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hips	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Thigh*

Knee

Calf

Ankle

My Clothes	My Clothes	My Clothes	My Clothes	My Clothes	My Clothes
<i>Jeans and pants</i>	<i>Jeans and pants</i>	<i>Jeans and pants</i>	<i>Jeans and pants</i>	<i>Jeans and pants</i>	<i>Jeans and pants</i>
I wear size_____	I wear size_____	I wear size_____	I wear size_____	I wear size_____	I wear size_____
Weight_____	Weight_____	Weight_____	Weight_____	Weight_____	Weight_____
Dresses	Dresses	Dresses	Dresses	Dresses	Dresses
I wear size_____	I wear size_____	I wear size_____	I wear size_____	I wear size_____	I wear size_____
Weight_____	Weight_____	Weight_____	Weight_____	Weight_____	Weight_____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

My __ measurements

Date: _____

Weight lost: _____

cm/in

%

cm/in

%

cm/in

%

cm/in

%

cm/in

%

cm/in

%

Neck*

Shoulders*

Underarm

Chest*

Thorax*

Waist*

Hips

Thigh*

Knee

Calf

Ankle

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____

My Clothes

Jeans and pants

I wear size _____

Weight _____

Dresses

I wear size _____

Weight _____