Measurements/Weight Progress Report

Program Coach_____ Group Member_____

DATE _____Initial	DATE _____Mid-Way	DATE _____Final
Age _____		
Height _____		
Neck _____	Neck _____	Neck _____
Shoulders _____	Shoulders _____	Shoulders _____
Upper Arm (R) _____	Upper Arm (R) _____	Upper Arm (R) _____
Chest _____	Chest _____	Chest _____
Waist _____	Waist _____	Waist _____
Hips _____	Hips _____	Hips _____
Thigh (R) _____	Thigh (R) _____	Thigh (R) _____
Calf (R) _____	Calf (R) _____	Calf (R) _____
Weight _____	Total Inches Lost _____	Total Inches Lost _____
Body Composition	Weight _____	Weight _____
Body Fat % _____	Weight Loss _____	Weight Loss _____
	Body Composition	Body Composition
	Body Fat % _____	Body Fat % _____

	Week One	Week Two	Week Three	Week Four	Week Five	Week Six	Week Seven	Week Eight
Total Healthy Habits Points								
Total Activity Minutes								

Updated October 15, 2010