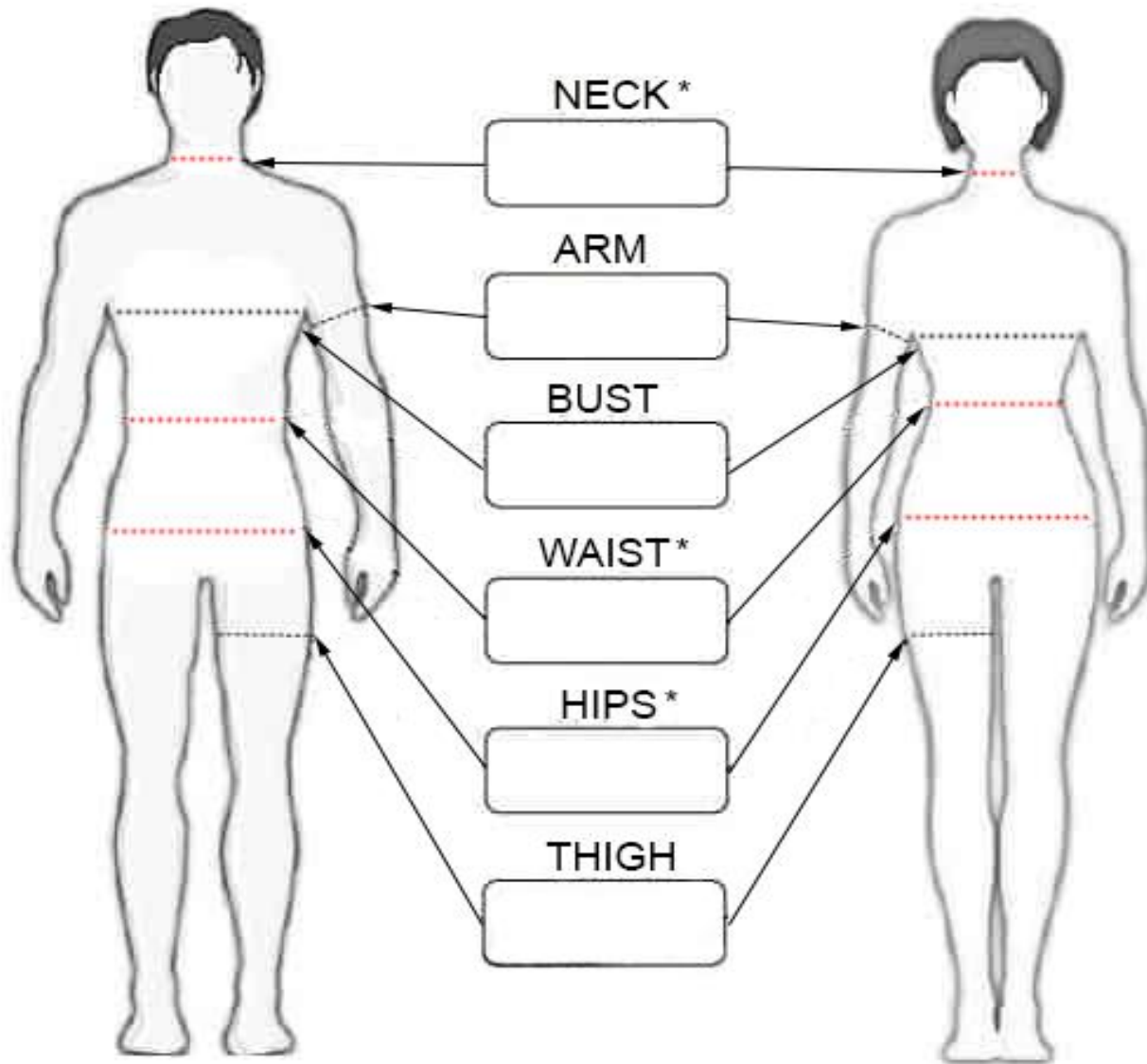




**Body Measurements Sheet**

To get the most out of this worksheet. Make copies. Use every few weeks to monitor your progress

Day: \_\_\_\_\_ Week: \_\_\_\_\_



\*measurements your doctor will take every 8 weeks