

Measure Your Progress

Name: _____

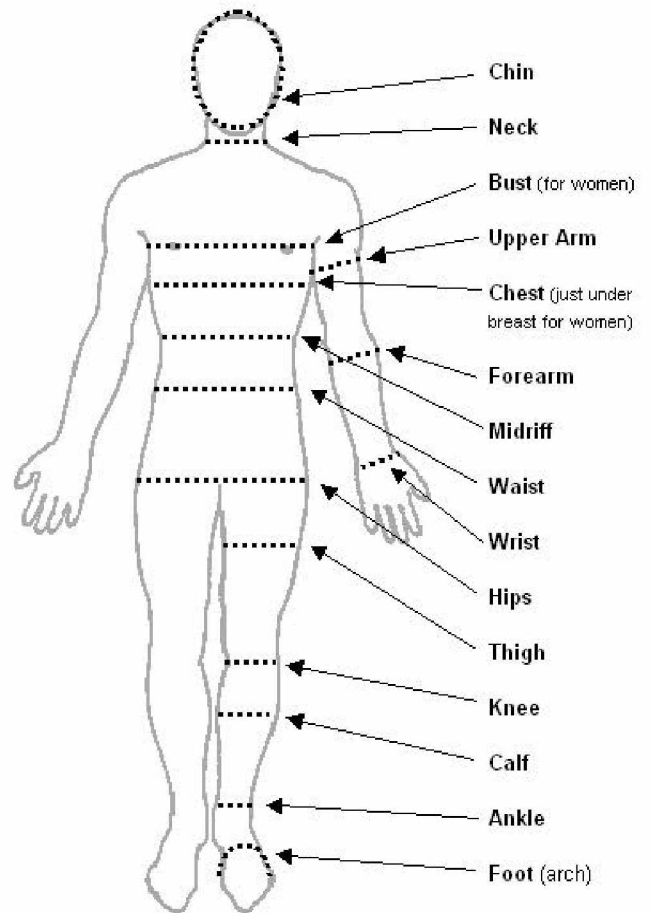
E-mail or Phone: _____

Date: _____

The purpose of this form is for you to periodically reflect on and rate your progress. Unless asked, we often do not recognize we are gradually improving.

1. Measure yourself before you start. Medically, the most important area to monitor is in the “Heart-Cancer Zone” (shaded below).
2. For best results use a cloth tape measure.
3. Measure every 30 days and record the date and measurements.
4. Congratulations if you are losing inches in the “Heart-Cancer Zone”.

DATE	/ /	/ /	/ /
Chin			
Neck			
Bust			
Chest			
Midriff			
Waist			
Hips			
Upper Arm L			
Upper Arm R			
Forearm L			
Forearm R			
Wrist L			
Wrist R			
Thigh L			
Thigh R			
Knee L			
Knee R			
Calf L			
Calf R			
Ankle L			
Ankle R			
Foot L			
Foot R			
Add column for total inches			



Let us know how you are doing. We would like to hear from you!

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