

## Weight Loss Log

Start Weight: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Goal: \_\_\_\_\_

	Day	Weight	Exe	Cal	Measure*
Week 1	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 2	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 3	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 4	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 5	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				

\*Measure once a week, on the same day each week.

## Weight Loss Log

Start Weight: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Goal: \_\_\_\_\_

	Day	Weight	Exe	Cal	Measure*
Week 1	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 2	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 3	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 4	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				
Week 5	Su				Chest <input type="text"/>
	M				Waist <input type="text"/>
	Tu				Thigh <input type="text"/>
	W				Arm <input type="text"/>
	Th				Date <input type="text"/>
	F				
	Sa				

