NAME:	Date	Loss since last measure	Date	Loss since last measure	Date	Loss since last measure	Date	Loss since last measure	
AGE:									
HEIGHT:									
WEIGHT									
Regular Scale									
Digital Scale									
My Scale									
SITE MARKERS									
TRICEP/CHEST __" from elbow									
SUPRAILIAC/ ABDOMEN									
THIGH __" from knee									
SKINFOLD (mm)									
BODYFAT (%)									
Pounds fat									
% Bodyfat loss									
UPPER ARM __" from Elbow									
SHOULDERS __" from nape of neck									
CHEST (under armpits)									
BUST (fullest part)									
WAIST (smallest part)									
AT NAVEL									
HIPS (widest)									
UPPER THIGH __" from back of knee									
CALF __" from back of knee									
Total Inches Lost									