

12 Week "Fat Loss Patch" Progress Chart

Name: _____

Beginning Weight Total: _____

Start Date: _____

Beginning Inch Measurements:

Arm _____ Waist _____

Hip _____ Thigh _____

FEMALE - WORKSHEET	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Weight												
Arm Measurement												
Hip Measurement												
Waist Measurement												
Thigh Measurement												
	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
More Energy?												
Cravings Curbed?												
Appetite Decreased?												
Sleeping Better?												
Clothes Fitting Looser?												
Snacking Less?												
Exercise Increased?												
Patch Worn Every Day?												

Additional Comments: _____

Distributor Name: _____

Phone Number: _____