

12 Week "Patch It" Progress Chart

Name: _____

Beginning Measurements:

Start Date: _____

Chest/Bust: _____ Hip: _____

Bicep: _____ Thigh: _____

Waist: _____ Weight: _____

	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																								
Chest /Bust Measurement																								
Bicep Measurement																								
Waist Measurement																								
Hip 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: _____