

# Weight Loss Log [Women]

Start Weight:  
Start Date:  
Goal:

Start Weight:  
Start Date:  
Goal:

Day		Weight	Exe	Cal	Measure*
Week 1	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 2	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 3	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 4	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				

Day		Weight	Exe	Cal	Measure*
Week 1	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 2	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 3	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				
Week 4	Su				Chest
	M				Waist
	Tu				Hips
	W				Wrist
	Th				Forearm
	F				Date
	Sa				

# Weight Loss Log [Men]

Start Weight:   
 Start Date:   
 Goal:

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			

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			