

12 Week "Fat Loss Patch" Progress Chart

Name: _____

Beginning Weight Total: _____

Start Date: _____

Beginning Inch Measurements:

Neck _____ Waist _____

Bicep _____ Thigh _____

MALE - 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												
Neck Measurement												
Bicep 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: _____