

Weight Loss Journal



Weighing in

Age : _____
 Height : _____
 Starting Weight : _____
 Goal Weight : _____
 Goals : _____

What Holds You Back? _____

What do you love most about yourself? _____

What have you learned? _____

Highest Moment? _____

Lowest Moment? _____

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Hips	
Thigh	
Arm	