weight loss journal

weighing in

Age: _______ Height: ________ Starting Weight: _____________ Goal Weight: _____________

Goals:

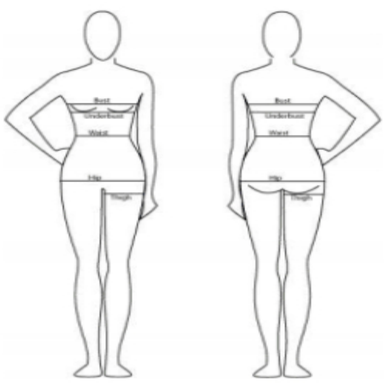
____

____

What Holds You Back? ____

____

your great measure



What do you love most about yourself?

____

____

What have you learned? ___________

____

Highest Moment? ________________

____

Lowest Moment? ________________

____

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
Thigh	
Arm	

Weight In	
Weight	
Bust	
Waist	
Hips	
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Arm	

Weight In	
Weight	
Bust	
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Hips	
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