

# Weekly Check-In

Week: \_\_\_\_\_

Date: \_\_\_\_\_

Treats:

## Weigh-In

Current Weight: \_\_\_\_\_

+/- : \_\_\_\_\_

Total +/- : \_\_\_\_\_

## Measurements

	Current	+/-	total +/-
Stomach			
Butt			
Thighs			
Arms			