

Measurement Log Sheet



NAME: _____

AGE: _____

HEIGHT: _____

Location of Measurement	Initial Date:	Date:	Date:	Date:
Chest: Under arms (arms at sides)				
		+/-	+/-	+/-
Waist: Smallest part [women] Belly button [men]				
		+/-	+/-	+/-
Abdomen: 2 fingers below navel				
		+/-	+/-	+/-
Hips: Feet together, widest part				
		+/-	+/-	+/-
Right Thigh: Directly under the glute line				
		+/-	+/-	+/-
Right Arm: Middle of arm, between elbow and shoulder				
		+/-	+/-	+/-
Weight lbs:				
		+/-	+/-	+/-
% Body Fat				
		+/-	+/-	+/-
Total Inches +/-				
Blood Pressure:				

