



Pre and Post Measurements

*All measurements are to be done prior to starting your FFR program and at each 12 week mark.

Measurements

Date / /

Neck: _____

Chest: _____

Waist: _____

Hips: _____

Thigh: R___ L___

Calf: R___ L___

Upper Arm: _____

Body Weight (in lbs.): _____

Date: _____

Measurements

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Neck: _____

Chest: _____

Waist: _____

Hips: _____

Thigh: R___ L___

Calf: R___ L___

Upper Arm: _____

Body Weight (in lbs.): _____

Date: _____

