



Progress Log

Use the *your Isavera product* at least 3 times per week for 10-12 weeks. Fill in the circles to record each session. Measure with the caliper and measuring tape at the same time each week. Use massage tool (with lotion) after each use. Take photos at week 1 and week 12. Be aware that your results will be skewed if you exceed your daily caloric needs. Consume plenty of water throughout the process.

WEEK 1	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 2	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 3	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 4	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 5	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 6	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 7	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 8	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 9	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 10	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 11	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper
WEEK 12	MON	TUE	WED	THR	FRI	SAT	SUN	Measurements	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> Body Fat Caliper