

MEASUREMENT TRACKING SHEET

We encourage you to measure weekly. It is motivating to see progress in as many measurements of success as possible

NAME: _____ **HEIGHT:** _____ **AGE:** _____

	START	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
WEIGHT													
BODY FAT%													
MUSCLE WEIGHT OR %													
CHEST													
WAIST													
HIPS													
NECK													
BICEP													
THIGH													
CALF													

Week 1 Shirt Size: _____

Week 12 Shirt Size: _____

Week 1 Pant Size: _____

Week 12 Pant Size: _____

Other measurements of success to pay attention to:

- Quality of sleep, more energy throughout the day and improved mood
- Your ability to go up and down stairs or do more push ups and sit ups
- Enjoying healthy foods more and more, less and less cravings
- More endurance during your workouts or daily routine

BODY FAT PERCENTAGE:

If you have access, obtain your initial body fat percentage (the percent of fat mass vs. lean body mass). Your TLS® coach, doctor, or local gym may have calipers or an Electrical Impedance Device (handheld or scale, like a Tanita, Omron or Rolli-fit scale) to record body fat percentage and other measurements. You may choose to invest in a scale or device that measures body fat as well. Remember, we are interested in fat loss, not just weight loss.

MEASUREMENTS:

Take full-body measurements in one-to four-week intervals, starting on the first day of your program. Use a soft tape measure to record your waist circumference and other measurements. As you follow the TLS program, you will be losing fat and inches while building muscle. One of the best ways to measure your progress without a scale is how your clothing fits you. Changes in body fat percentage and centimeters/inches are a better indicator of progress than weight alone.

SHARE YOUR PROGRESS!

At the end of your 12-week program, take "after" photos to show off all your hard work on this journey. Submit your success story to tlsSlim.com or email your before and after pictures to findyourfit@marketamerica.com, along with your success story. Also, be sure to post your results on the TLS Facebook page. Your success and your journey will inspire others. Mail a hard copy of any photos to:

MARKET AMERICA
 ATTN: TLS Weight Management Solution
 1302 Pleasant Ridge Road
 Greensboro, NC 27409 USA

TLS[®] DETOX TRACKING SHEET

Print seven copies

DATE: ____ | ____ | _____

SLEEP

FILL IN THE NUMBER OF HOURS YOU GOT:



You should be getting an average of 7-8 hours of sleep per night

DETOX WEEK

No Sugar or Sweeteners
No Caffeine
No Grains or Starches

No Dairy
No Alcohol



WHAT I ATE TODAY

BREAKFAST

SNACK

LUNCH

SNACK

DINNER

SNACK (OPTIONAL)

TIME: ____:____ AM
PM

TIME: ____:____ AM
PM

TIME: ____:____ AM
PM

TIME: ____:____ AM
PM

TIME: ____:____ AM
PM

TIME: ____:____ AM
PM

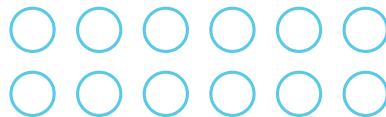
DAILY

SERVINGS

CHECKLIST:

CHECK ALL THAT APPLY

VEGETABLES



(1-2 cups raw)

PROTEINS



(3 oz.)

FRUITS



(1 medium fruit or 1 cup)

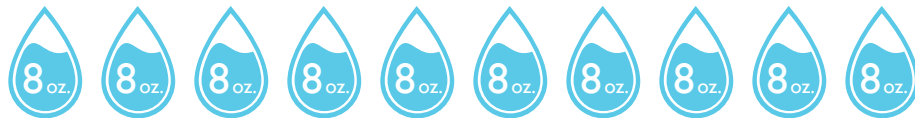
GOOD FAT



(1 tbsp)

HYDRATION:

CHECK A GLASS FOR EACH 8 OZ. GLASS YOU DRANK TODAY



80 OZ.

SUPPLEMENTS, SHAKES & VITAMINS:

WRITE IN THE NAMES OF THE PRODUCTS YOU USED TODAY (READ THE LABEL FOR DIRECTIONS).



DETOXING:

DO NOT ENGAGE IN STRENUOUS PHYSICAL ACTIVITY EVEN IF IT IS A PART OF YOUR NORMAL ROUTINE. CONSIDER YOGA, WALKING, GENTLE STRETCHING, OR SWIMMING.

DAILY
AFFIRMATION:

“Making myself a priority with TLS® is the best thing I can do for myself, my health and my loved ones.”

TODAY,
I'M GRATEFUL FOR: _____

DAILY
STRESS
REDUCTION:

DEEP BREATHING: Sit with your back straight; your shoulders should be relaxed (but not slouched) and facing forward • Place both hands on your stomach and inhale all the way through your nose, slowly and deeply, until you are completely filled with air • Hold for three seconds and exhale slowly (keeping your hands on your stomach) through your mouth until all the air is gone • Do this in the AM and PM, and any time during the day you need to de-stress and regroup.



One thing I did for myself today is:

The obstacle(s) that I faced today were:

How I overcame, or plan to overcome the obstacle(s) if they happen again:

Notes or questions for my coach:



MY GOAL
FOR TOMORROW IS:

TLS[®] DAILY TRACKING SHEET

Print seven copies

DATE: ____ | ____ | ____

TLS PROGRAM: _____

SLEEP

FILL IN THE NUMBER OF HOURS YOU GOT:



You should be getting an average of 7-8 hours of sleep per night

HEALTHY EATING TIP:

To stay on track meal prep 2x a week or on the weekends, so you are set up to succeed.



WHAT I ATE TODAY

BREAKFAST	SNACK	LUNCH	SNACK	DINNER	SNACK (OPTIONAL)
TIME: ____:____ AM PM	TIME: ____:____ AM PM	TIME: ____:____ AM PM	TIME: ____:____ AM PM	TIME: ____:____ AM PM	TIME: ____:____ AM PM

DAILY SERVINGS CHECKLIST:
CHECK ALL THAT APPLY
PLEASE REFER TO YOUR TLS MENU PLAN FOR PROGRAM SPECIFIC POWER FOODS AND SERVING SIZES.

VEGETABLES	PROTEINS	FRUITS	DAIRY	GOOD FAT	LOW-GI STARCHES	WHOLE GRAINS
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

HYDRATION:
CHECK A GLASS FOR EACH 8 OZ. GLASS YOU DRANK TODAY

64 OZ.

SUPPLEMENTS, SHAKES & VITAMINS:
WRITE IN THE NAMES OF THE PRODUCTS YOU USED TODAY (READ THE LABEL FOR DIRECTIONS).

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

EXERCISE:
CHECK EACH EXERCISE YOU PERFORMED TODAY

<input type="checkbox"/> CARDIO: # OF MINUTES	<input type="checkbox"/> YOGA/STRETCH: # OF MINUTES	<input type="checkbox"/> WEIGHT TRAINING: # OF MINUTES	<input type="checkbox"/> OTHER: # OF MINUTES
_____	_____	_____	_____

DAILY
AFFIRMATION:

“I am making an important transition to a new healthier life.”

TODAY,
I'M GRATEFUL FOR: _____

DAILY
STRESS
REDUCTION:

GET PLENTY OF REST: The body repairs itself when we get quality sleep. Going to bed an hour earlier. Eliminate screen time at least an hour before bed. Need some assistance with sleep? Check out TLSACTS, Isotonix Turn Down or Prime Sleep.



One thing I did for myself today is:

The obstacle(s) that I faced today were:

How I overcame, or plan to overcome the obstacle(s) if they happen again:

Notes or questions for my coach:



MY GOAL
FOR TOMORROW IS:

WEEKLY REFLECTION

CONGRATULATIONS!

You've made it through another week of your journey with TLS® Weight Management Solution!

Eating

Eating healthy is much easier when you plan ahead. Be conscious of the amount of sugar and salt in foods. Finding foods that are naturally sweet, like carrots and apples, will help satisfy your sweet tooth. Never think of foods as "off limits" and know that every small choice you make will benefit you in the long run.

Affirmation

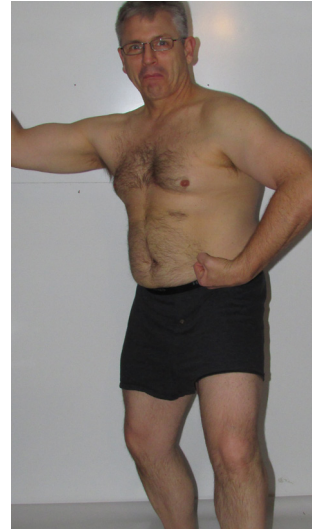
A moment's worth of courage is all that's required to bring about a lifestyle change — that's what this week has been about: the ability to make a different choice in that moment, which takes you down a different path. Whether it's choosing not to give in to old cravings, choosing a new form of exercise or choosing to try a new supplement, each positive choice you make moves you forward on your path to success.

Stress Reduction

You can relax by doing enjoyable things that you rarely have time to do. Finding time to do the small things that bring you pleasure can be the difference between a stressful, boring day that leads you to unhealthy habits and a refreshing day in which you find enjoyment. Even if it is as simple as getting to bed a little earlier, do it because *you* want to.



BEFORE



AFTER

SUCCESS STORY: Michael lost 15.5 inches (39.37 cm)!†

“My goal was to feel better and look better. I had no idea I'd feel and look this great. Thanks for creating such a great program that's allowed me to be the husband and father I enjoy being, with the energy to keep up for many years to come!” -Michael B.

WEEKLY WEIGH-IN

LAST WEEK'S WEIGHT:	TODAY'S WEIGHT:
LAST WEEK'S WAIST MEASUREMENT:	TODAY'S WAIST MEASUREMENT:

†The results shown in these testimonials may not be typical. Individual results may vary. The persons sharing their stories are Independent UnFranchise® Owners of Market America.

It is important for me to reach my goal and live a healthier lifestyle because:

This week's negative remarks:

My positive message replacement:

What I did well this past week:

What I will do better this upcoming week:

One new thing I will implement next week to boost my success:

GET PREPARED FOR NEXT WEEK!