



Measurement Chart

TO MEASURE	START DATE:	END DATE:
WAIST		
HIP		
BUST / CHEST		
THIGH		
ARM		
SYMPTOMS SCORE (TOTAL NO OF TICKS)		
SLEEP (TOTAL HOURS PER NIGHT)		
SLEEP QUALITY		
BLOOD PRESSURE		
BLOOD SUGAR		
WEIGHT		
STEPS PER DAY		
OTHER (STRESS LEVEL, CHOLESTEROL, COLOUR OF YOUR PEE, EMOTIONS)		
HABITS I WOULD LIKE TO WORK ON:		
1.		
2.		
3.		