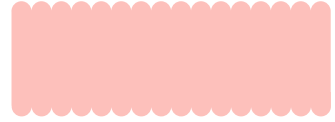


Wöchentliche Abnahme

WOCHE: _____ DATUM: _____



MONTAG



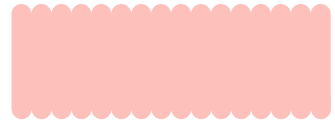
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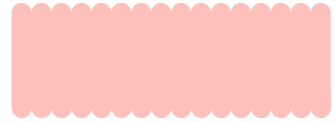
MITTWOCH



DONNERSTAG



FREITAG



SAMSTAG



SONNTAG



WOCHENERGEBNIS



OBERARM _____ CM

BAUCH _____ CM

BRUST _____ CM

HÜFTE _____ CM

TAILLE _____ CM

PO _____ CM

BAUCH _____ CM

OBERSCHENKEL _____ CM