

Behavior and Other Participant Outcomes

My _____ (name) health goal/s I have chosen to focus on are:

1. Health Goal: _____

In order to meet this goal, I will: _____

How many times/minutes per day? _____ Or per week? _____

2. Health Goal: _____

In order to meet this goal, I will: _____

How many times/minutes per day? _____ Or per week? _____

Clinical or Quality of Life outcome baseline: _____ Date: _____

Clinician Signature: _____ Date: _____

Follow Up Documentation

Date of follow-up: _____

Behavioral goal 1 met:

| | | | | |
|--------------|------------------|---------------|--------------|-------|
| All the Time | Most of the time | Half the time | Occasionally | Never |
| 5 | 4 | 3 | 2 | 1 |

Behavioral goal 2 met:

| | | | | |
|--------------|------------------|---------------|--------------|-------|
| All the Time | Most of the time | Half the time | Occasionally | Never |
| 5 | 4 | 3 | 2 | 1 |

Clinical or Quality of Life follow-up: _____ Date: _____

Clinician Signature: _____ Date: _____