**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?

1. **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: