Behavior and Other Participant Outcomes

Patient name: _____________________________________________

1. A personal health goal of mine is to: _____________________________________________

   In order to meet this goal, I will: _____________________________________________

   How many times/minutes per day? _______________ Per week? _______________

2. A personal health goal of mine is to:

   In order to meet this goal, I will: _____________________________________________

   How many times/minutes per day? _______________ Per week? _______________

Patient Signature: ___________________________ Date: _______________
Clinician Signature: ___________________________ Date: _______________
Other participant outcome baseline: ___________________________ Date: _______________

Follow Up Documentation

Date of follow-up: ___________________________

The participant met behavioral goal 1:

<table>
<thead>
<tr>
<th>All the Time</th>
<th>Most of the time</th>
<th>Half the time</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

The participant met behavioral goal 2:

<table>
<thead>
<tr>
<th>All the Time</th>
<th>Most of the time</th>
<th>Half the time</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Clinician Signature: ___________________________ Date: _______________
Other participant outcome follow up: ___________________________ Date: _______________