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:

<table>
<thead>
<tr>
<th></th>
<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>Behavioral goal 1 met</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Behavioral goal 2 met:

<table>
<thead>
<tr>
<th></th>
<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>Behavioral goal 2 met</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Clinical or Quality of Life follow-up: ____________________________ Date: ____________

Clinician Signature: ____________________________ Date: ____________