

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? _____

Other participant 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

Other participant outcome follow up: _____ **Date:** _____

Clinician Signature: _____ **Date:** _____