

Behavior Change Goals and Outcome Measures

Social Security Number:

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Zip:

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Age:

- 18 years or less
 19 - 40
 41 - 64
 65 or older

M F

Gender:

Goals

1 Month Goal:

- | | |
|---|---|
| <input type="checkbox"/> Meal Plan | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Prev/Tmt Complications | <input type="checkbox"/> Monitoring for Complications |
| <input type="checkbox"/> Support/Coping | |

6 Month Goal:

- | | |
|---|---|
| <input type="checkbox"/> Meal Plan | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Prev/Tmt Complications | <input type="checkbox"/> Monitoring for Complications |
| <input type="checkbox"/> Support/Coping | |

1 Year Goal:

- | | |
|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Sexually transmitted infection |
| <input type="checkbox"/> Sexual dysfunction | <input type="checkbox"/> Pregnancy loss |
| <input type="checkbox"/> Fetal anomaly | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chronic pain | |

Assessments

Response Definition: 1=Up 2=Down 3=Same

	1	2	3
Assessment Weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Month Weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Year Weight?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Fructosamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Month Fructosamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Month Fructosamine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Year Fructosamine?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment HgbA1C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Month HgbA1C?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Month HgbA1C?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Year HgbA1C?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

