

ID Number: _____

Sex: Male Female

Age: 5-20
 21-34
 35-44
 45-59
 60+

Diagnosis: _____

Physical Health

	Baseline	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Date:					
Height (inches)					
Weight (lbs)					
Blood Pressure					
Exercise (at least 30 minutes) Indicate: X - None 1 - 1-3 times a week 2 - 4-7 times a week					
Change in Chronic Condition: Have there been changes to dx of diabetes, high cholesterol, high BP etc.					
Are you on a specialized diet? Indicate Y for yes and the type of diet or N for no.					
Number of days ill during the last quarter that resulted in missed work or volunteer activities?					

Name: _____

Medication

Indicate the number of each medication	Baseline	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total number of daily medications					
Bowel Medication					
Diabetes Medication					
High Blood Pressure Medication					
Cholesterol Medication					
Psychotropic Medication					
Psychotropic medication that is taken PRN					

Social and Community Wellness

Indicate Y for yes and N for no.	Baseline	Quarter 1	Quarter 2	Quarter 3	Quarter 4
How many hours did you actively volunteer in the community?					
How many hours were you competitively employed each week?					
Did you access the community for social or recreational activities?					

Comments (i.e. any major accomplishments, success in goals, fun wellness activities, or major life events)

Name: _____