

Appendix 9 - Office Visit, Goals, Questions and Concerns

GOALS and ACTIVITIES

What is/are the current goal(s) you are working towards?

Did you take steps since your last visit to work toward your goal(s)? None Somewhat Yes

How long have you been working on your goal(s)?

Just started within the month Several months Over a year

	Frequency per Week	No Change	Worsened	Improved	Explain in greater detail
Shopping errands	0 1 2 3 4 5 6 7				
Social Time with Friends	0 1 2 3 4 5 6 7				
Social Time with Family	0 1 2 3 4 5 6 7				
Walking for Exercise	0 1 2 3 4 5 6 7				
Exercise other than walking	0 1 2 3 4 5 6 7				
Church	0 1 2 3 4 5 6 7				
Support Groups	0 1 2 3 4 5 6 7				
Participating in favorite hobby	0 1 2 3 4 5 6 7				
Volunteering	0 1 2 3 4 5 6 7				
Meeting your weekly goal	0 1 2 3 4 5 6 7				
Other positive activity	0 1 2 3 4 5 6 7				

Please write any questions you have for your provider.

Please write any concerns you have for your provider.