

# 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"/>

