

Patient ID:		Case Manager ID:	
Group Session 4		<input type="checkbox"/> Patient Questionnaires completed	Date: _____
• How much time did you spend being physically active over the last week?	_____ minutes per week		
• What is the average number of steps that you walked per day over the last week?	_____ average number of steps per day		
• What is your goal in terms of average number of steps per day from today until the next session?	_____ average number of steps per day		
Individual Follow-up		<input type="checkbox"/> Patient Questionnaires completed	Date: _____
• How much time did you spend being physically active over the last week?	_____ minutes per week		
• What is the average number of steps that you walked per day over the last week?	_____ average number of steps per day		
• To what degree have you reached your ultimate physical activity goal?	Not achieved	Partially achieved	Achieved fully
• If not achieved or only partially, why?	_____		
• Action plan and recommendations	_____		
Date	Notes and general comments (e.g. specific follow-ups to be done with patient, homework, contract, etc.)		

Site Case Manager signature: _____