

Topic: Smoking, Exercise and Diet

Problem:

<input type="checkbox"/>	Reduce Tobacco Use/Smoking in the Next _____ Days by Smoking _____ Cigarettes / Tobacco Product per _____ Day / Week.				
	Tasks	Responsibility			Target Date
	Smoke Less than _____ Cigarettes/Tobacco Products per (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Stop Cigarettes/Tobacco Product for _____ (Days / Weeks).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Discuss Smoking Cessation to Determine Willingness to Quit.				
	Tasks	Responsibility			Target Date
	Discuss Current Smoking / Tobacco Use and Assess Stage of Change.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Increase Physical Activity Levels in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Research and Identify Nearby Programs/Parks to Exercise.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Plan Weekly Exercise Schedule with Client.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Exercise for _____ Minutes _____ Times a (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Improve Flexibility/Balance by Stretching _____ Times a (Day / Week)	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To join a Gym or Recreation Program in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Research Potential Exercise Programs or Gyms for Enrollment Information and Hours.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Discuss Exercise Limitations with Medical Provider.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Enroll in Gym or Recreation Program _____.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Lose _____ lbs. in the Next _____ (Days / Months).				
	Tasks	Responsibility			Target Date
	Discuss Exercise Preferences and Limitations with Client.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Develop Weekly Exercise Plan.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Exercise at Gym for _____ Minutes _____ Times a Week. <i>OR</i> Walk for _____ Minutes _____ Times a (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	



Topic: Smoking, Exercise and Diet (Continued)

<input type="checkbox"/>	Link to a Nutritionist and/or Program in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Discuss Linkage to Nutritionist and/or Nutrition Program with Client.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Conduct Case Conference with PCP to Discuss Referral to Nutritionist.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Complete Referral to Community Nutrition Education Program.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Attend Nutrition Education Workshops at Least 1/Month.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Follow-up with Nutritionist/RD/Nutrition Program to Discuss Adherence/Progress in Program.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Follow-up with Client to Discuss Successes/Limitations of Program.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Increase Understanding of Dietary Label.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	Increase Intake of Healthy Foods in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Eat Lean Meats at Least _____ times per (Day / Week)	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Eat Vegetables during _____ meals per (Day / Week)	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Cook at Home at Least _____ (Day / Week) <i>OR</i> Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	Reduce Fat and Sugar Intake in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Drink Less than _____ Sugary Carbonated Beverages per (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Drink Less than _____ Alcoholic Beverages per (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Eat Fast Food Less than _____ Times a (Day / Week).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Eat Fried and/or High-Fat Foods up to _____ per (Day / Week) <i>OR</i> Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	Educate and Link to Supportive Services in Next _____ Days.				
	Tasks	Responsibility			Target Date
	Research and Identify Nearby Farmers Markets.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Provide Educational Materials/Tools in Language: _____.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Research and Identify Nearby Food Pantry Locations/Times.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	