

GOALS & GAINS

PLEASE ANSWER ONLY QUESTIONS 1- 3, SIGN AND DATE. THANK YOU!

1. What are your present health challenges?

2. What is your progress goal for the next 4-6 weeks, within your reasonable abilities? (**Be specific.**)

3. What's **ONE** thing you're not doing now, that you **could** do to move you closer to your goal?

Signature

Printed Name

Date

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**FOLLOW-UP ASSESSMENT – TO BE ANSWERED AT YOUR 1<sup>ST</sup> DYNAMIC ASSESSMENT**

1. How would you rate the changes you've experienced since your last assessment? (Circle **one**.)

Worse 😞      No Change 😊      Improved 😊      Awesome! 😊😊

2. Why do you feel this way?

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3. What are some lifestyle changes you've made in the past 4-6 weeks? (Check **all** that apply.)

**CHEMICAL:**

- Better Quality Foods
- Drinking More Water
- Reducing Caffeine/Nicotine

**PHYSICAL:**

- Increased Exercise
- More "Movement Breaks"
- More Deep Breathing

**EMOTIONAL:**

- Increased Quiet Time
- New Hobbies
- More + Self Talk

4. Are there any significant challenges (physical or emotional) that may be hindering your healing process? If so, is there anything we could do to help you? (Resources, information, support, etc.)

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Signature

Printed Name

Date