**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 1**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Understanding self-management and chronic diseases
* Mind/body connection/Distraction
* Getting a Good night’s sleep
* Making an action plan

**Individualized Weekly Action Plan/Goal Setting:** What (specific action): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 2**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Making an action plan
* Feedback/problem solving
* Dealing with difficult emotions
* Introduction to physical activity and exercise
* Preventing falls and improving balance

**Outcome Session 1 Action Plan/Goal:** Met Partially Met Adjusted Not MetN/A

**Individualized Weekly Action Plan/Goal Setting:** What (specific action):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 3**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Making an action plan
* Feedback/problem solving
* Making decisions
* Pain and fatigue management
* Endurance exercise
* Relaxation/body scan

**Outcome Session 2 Action Plan/Goal:** Met Partially Met Adjusted Not MetN/A

**Individualized Weekly Action Plan/Goal Setting:** What (specific action): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 4**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Making an action plan
* Feedback/problem solving
* Better breathing
* Healthy eating
* Communication skills

**Outcome of Session 3 Action Plan/Goal:** Met Partially Met Not MetN/A

**Individualized Weekly Action Plan/Goal Setting:** What (specific action): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 5**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Making an action plan
* Feedback/problem solving
* Making healthy food choices
* Medication usage
* Making informed treatment decisions
* Dealing with depression
* Positive Thinking

**Outcome Session 4 Action Plan/Goal:** Met Partially Met Adjusted Not MetN/A

**Individualized Weekly Action Plan/Goal Setting:** What (specific action): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**HBAI GROUP INTERVENTIONS**

**PROGRESS NOTES, SESSION 6**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Content Overview:**

* Making an action plan
* Feedback
* Working with your health care professional and organization
* Weight management
* Looking back and planning for the future

**Outcome Session 5 Action Plan/Goal:** Met Partially Met Adjusted Not MetN/A

Individualized Action Plan/Goal Setting for the Next Three Months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant observations or concerns voiced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_

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**Group Leader’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Licensed Clinician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_