6 week review

Thinking about the goal(s) that you set yourself at week 1, have you:
(please tick only one in each category)

<table>
<thead>
<tr>
<th>Weight management</th>
<th>Physical Activity</th>
<th>Personal Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully achieved your goal</td>
<td>Fully achieved your goal</td>
<td>Fully achieved your goal</td>
</tr>
<tr>
<td>Made a lot of progress</td>
<td>Made a lot of progress</td>
<td>Made a lot of progress</td>
</tr>
<tr>
<td>Made a little progress</td>
<td>Made a little progress</td>
<td>Made a little progress</td>
</tr>
<tr>
<td>Made no progress</td>
<td>Made no progress</td>
<td>Made no progress</td>
</tr>
<tr>
<td>I don’t have a goal for this</td>
<td>I don’t have a goal for this</td>
<td>I don’t have a goal for this</td>
</tr>
</tbody>
</table>

Thinking about your goals (above), what do you think:

- Has been challenging or difficult?
- What has helped/support you?
- What would help you further?

Have you been referred elsewhere?
Yes  ☐  No  ☐

Referred to
Education/Training/Employability  ☐
Mental Health Issues  ☐
Substance Misuse  ☐

Other (please specify):

Reason for referral:

Service referred to:

For office use only (As recorded by partner organisations)

Which commercial weight management service has been attended?

Slimming World  ☐
Weight Watchers  ☐

Type of physical activity

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