

Learning About Healthy Living / Group Record Sheet

	Assessment Information			Date	Date			Date			Date		
	Name	Date		CO	CPD	Group		CO	CPD	Meds/ NRT	Group		Date
						CO	CPD				CO	CPD	
1													
2													
3													
4													
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20													

If client is Absent, please put "A" in Week and Group information for
CO=Carbon Monoxide, CPD=Cigarettes Per Day, Meds/NRT=Tobacco Treatment Medications