

Learning About Healthy Living / Group Record Sheet

	Assessment Information				Date			Date			Date		
					Group			Group			Group		
	Name	Date	CO	CPD	CO	CPD	Meds/ NRT	CO	CPD	Meds/ NRT	CO	CPD	Meds/ NRT
1													
2													
3													
4													
5													
6													
7													
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19													
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