

Life! program group personal records form

Facilitator ID: _____	Date: _____
Session: _____	Time: _____

Name	ID	Weight (kg)	Waist (cm)	HADS	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Photocopy as required