



Active and Healthy Living Follow-up Provider Clinical Checklist

1. Determined patient's current physical activity level
☐ No ☐ Yes
2. Patient is sufficiently active
(150+ min. of moderate PA/wk or 75+ min. of vigorous PA/wk)
☐ No ☐ Yes
3. Determined if physical activity level has changed during treatment
☐ No ☐ Yes
4. Patient's physical activity level:
☐ Remained the same
☐ Increased
☐ Decreased
5. Discussed barriers to physical activity due to treatment
☐ No ☐ Yes
6. Discussed physical activity goal(s) for next 3 months
☐ No ☐ Yes
7. Discussed lymphedema
☐ No ☐ Yes
8. Recommend patient:
☐ Continue exercising, as is
☐ Begin exercising: allow to list out the plan
☐ Advised patient against being physically active at this time:
Reason: _____
9. Plan to reassess: _____
☐ Other _____
10. Dietary and Behavioral Considerations discussed
☐ Encourage regular, moderate exercise
☐ Nutrition consultation, if not ideal BMI