

**SENIORS AND PEOPLE WITH DISABILITIES
STATE-OPERATED COMMUNITY PROGRAM**

Monthly Weight

Client Name:

Ideal body weight:

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2001												
2002												
2003												
2004												
2005												
2006												
2007												
2008												
2009												
2010												