



Participant Record Sheet 2016

Your Champion will use this form during the programme and will copy this information into a spreadsheet. At the end, your Champion will remove your name from the spreadsheet and send the rest of the information to Business in the Community (BITC). BITC will share this with the Public Health Agency to find out how well the programme worked. Your Champion will then give you this form.

Please sign here to show that you understand this and agree.

Signed _____ Date: _____

First Name	
Surname	
Gender (Circle)	Male / Female
Date of Birth	
Home Post Code	

Date (dd/mm/yy)		
	Height (cm)	
/ /2016	Starting Waist Circumference (cm)	
/ /2016	Starting Weight (kg)	
/ /2016	Weight after 1 week (kg)	
/ /2016	Weight after 2 weeks (kg)	
/ /2016	Weight after 3 weeks (kg)	
/ /2016	Weight after 4 weeks (kg)	
/ /2016	Weight after 5 weeks (kg)	
/ /2016	Weight after 6 weeks (kg)	
/ /2016	Weight after 7 weeks (kg)	
/ /2016	Weight after 8 weeks (kg)	
/ /2016	Weight after 9 weeks (kg)	
/ /2016	Weight after 10 weeks (kg)	
/ /2016	Weight after 11 weeks (kg)	
/ /2016	Weight after 12 weeks (kg)	
/ /2016	Final Waist Circumference (cm)	

