WALKING PROGRAM:
DIRECT OBSERVATION FORM

Name of observer:_____ **Date:**_____

Residents' Names	**Scheduled Walk Times**	**Time of Observation in Vicinity of Resident's Room**	**Resident Observed Walking?** (Circle one.)	**Comments**
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	