

WEIGHT – MONTHLY/ WEEKLY MONITORING CHART - ADULT

Name: _____ DOB: (dd/mm/yyyy) _____ Year: _____

Weight must be recorded every month in group homes and residential facilities.
 Monitor the person's weight more often if needed, e.g., weekly.

PROTOCOL IN PLACE: NO YES
 If YES, refer to Protocol.

Please include a recent **height** below using *centimetres (cm)* or *feet (feet = ' inches =")* and the **date** it was taken.

Height: _____ **Date (dd/mm):** _____

In the table, write the person's **weight** using the **same scale**, with **shoes off**. Be sure to also write the **date (dd/mm)**. e.g.,
 Write whether the weight is in *pounds (lb)* or *kilograms (kg)*.

W = 136 lbs
D = 05/12

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Week 1	W= D=											
Week 2												
Week 3												
Week 4												
Week 5												

Adapted from New Visions Toronto

Notes: _____

WEIGHT – MONTHLY/WEEKLY MONITORING CHART - CHILD

Name: _____ DOB: (dd/mm/yyyy) _____ Year: _____

Weight must be recorded every month in group homes and residential facilities.
 Monitor the child’s weight more often e.g., weekly if there are concerns with the child’s weight.
 Monitor the child’s height as needed, at least monthly.

PROTOCOL IN PLACE: NO YES
 If YES, refer to Protocol.

Write the child’s **weight and height** using the **same scale**, with **shoes off**. Be sure to also write the **date (dd/mm)**.
 Write whether the weight is in *pounds (lb)* or *kilograms (kg)* and the height is in *centimetres (cm)* or *feet (=’ inches =’)*.

e.g.,

W= 70lbs
H= 4’3”
D= 05/12

W= H= D=	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Week 1												
Week 2												
Week 3												
Week 4												
Week 5												

Adapted from New Visions Toronto

Notes: _____

