

Readiness Assessment and Health Goals

Readiness Assessment

Rate on scale of 5 (very willing) to 1 (not willing)

In order to improve your health, how willing are you to:

- Significantly modify your diet _____
- Take several nutritional supplements each day _____
- Keep a record of everything you eat each day _____
- Modify your lifestyle (e.g., work demands, sleep habits) _____
- Practice a relaxation technique _____
- Engage in regular exercise _____

Rate on a scale of 5 (very confident) to 1 (not confident at all):

How confident are you of your ability to organize and follow through on the above health-related activities? _____

If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to follow through?

Rate on a scale of 5(very supportive) to 1 (very unsupportive):

At the present time, how do you think the people in your household will be to you implementing the above changes? _____

Rate on a scale 5(very frequently contact) to 1 (very infrequent contact):

How much ongoing support (e.g., telephone consults, emails correspondence) from our professional staff would be helpful to you as you implement your personal health program? _____

Comments
