

READINESS ASSESSMENT

Rate on a scale of 1—5 (1= not willing, 5=very willing)

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

- | | | | | | |
|-----------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Significantly modify your diet? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Take several nutritional supplements each day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Keep a record of everything you eat each day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Modify your lifestyle (i.e. work demands / sleep habits)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Practice a relaxation technique? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Have periodic lab tests to assess your progress? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Comments: _____

Rate on a scale of 1—5 (1= not confident, 5=very confident)

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

- 1 2 3 4 5

If you are not confident in your ability, what aspects of yourself or your life lead you to question your capacity to fully engage in the above activities? _____

Rate on a scale of 1—5 (1= not supportive, 5=very supportive)

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

- 1 2 3 4 5

Comments: _____

Rate on a scale of 1—5 (1= very infrequent contact, 5=very frequent contact)

How much ongoing support and contact from our staff would be helpful to you as you implement your personal health program?

- 1 2 3 4 5

Comments? _____
