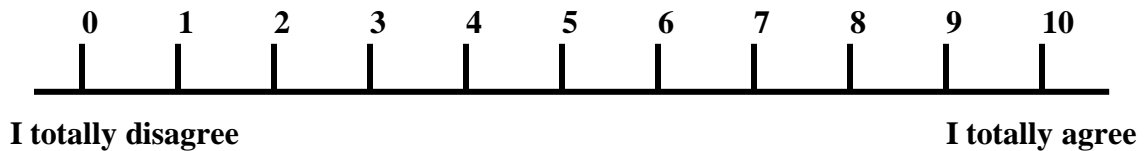


Name: _____ Date of birth: _____ Today's Date: _____

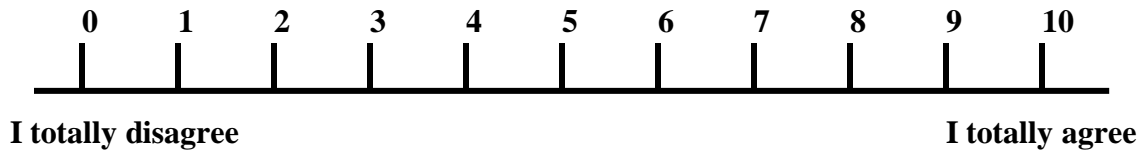
READINESS FOR CHANGE ASSESSMENT

Please answer the questions below to help you and I identify how ready you are to make the changes that will help you achieve your health goals.

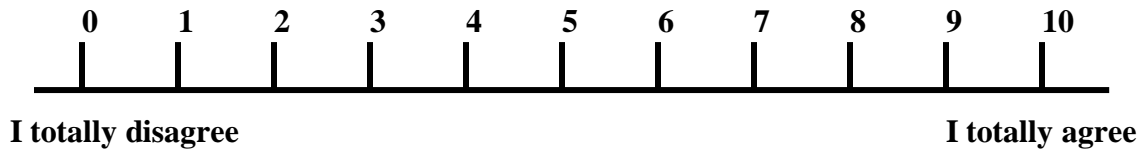
1. I don't have a weight problem.



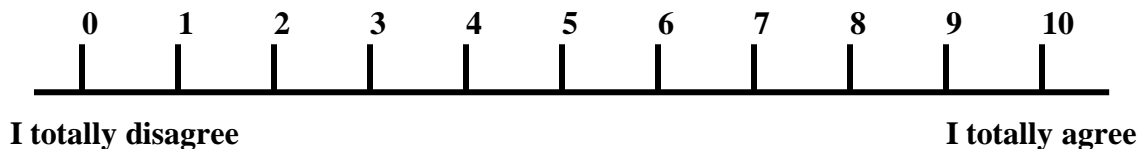
2. I want to lose weight, but I don't know where to start.



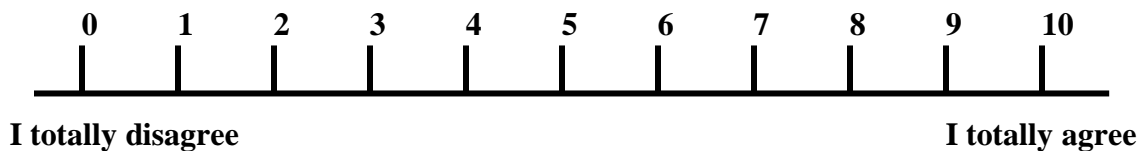
3. I have decided to lose weight and I have a plan.



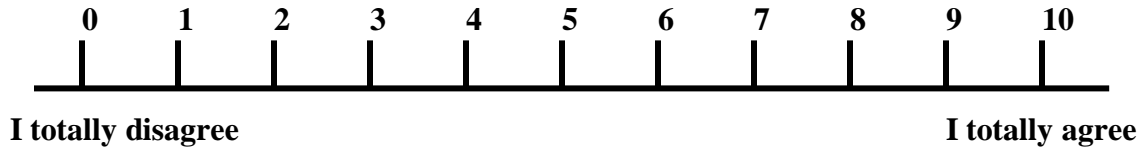
4. In order to lose weight, I have started to modify some of my lifestyle habits.



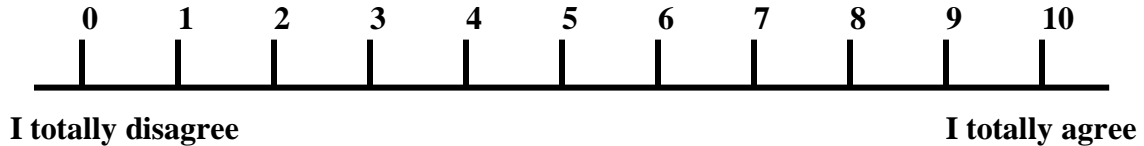
5. I have already modified my lifestyle habits and have lost weight in the past 6 months.



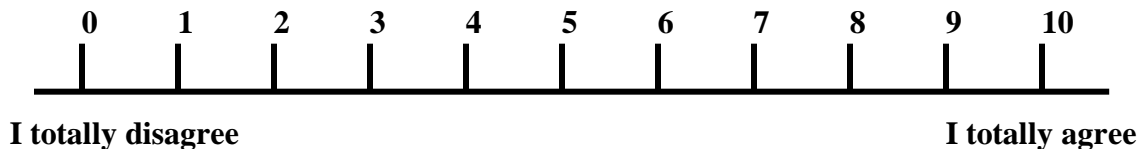
6. I will feel better about myself if I can lose at least 5% of my total body weight (or _____ pounds) in 6 months.



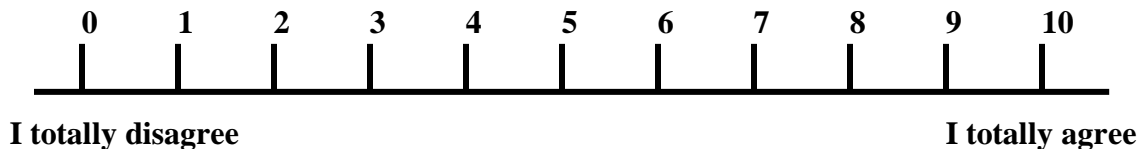
7. I will be healthier if I can lose at least 5% of my total body weight (or _____ pounds) in 6 months.



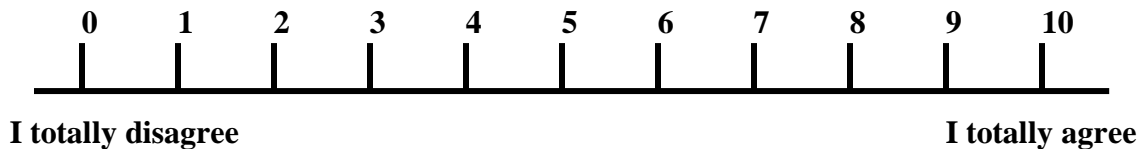
8. I believe I am capable of losing at least 5% of my total body weight (or _____ pounds) in 6 months.



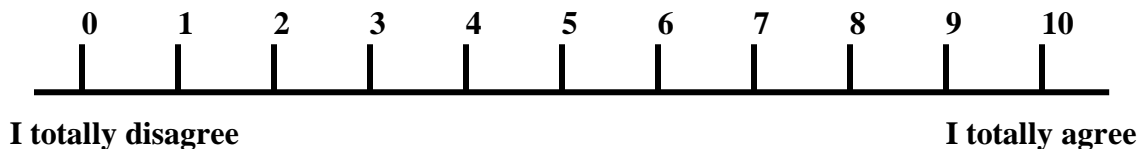
9. I will lose more weight if I am more physically active.



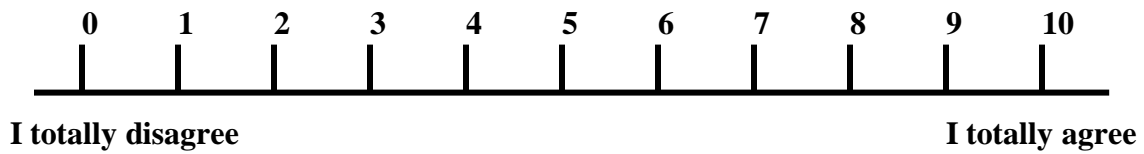
10. I will feel better about myself if I am more physically active.



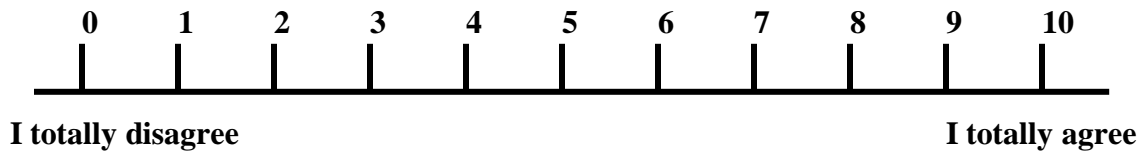
11. I will be healthier if I am more physically active.



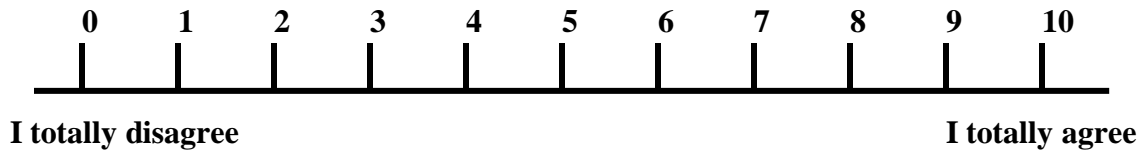
12. I am capable of doing more physical activity.



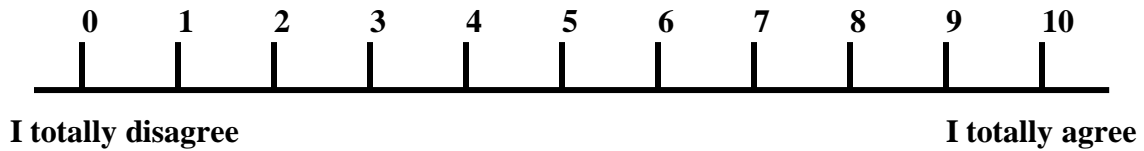
13. I will lose more weight if I improve my diet. (eating habits)



14. I will feel better about myself if I improve my diet. (eating habits)



15. I will feel healthier if I improve my diet. (eating habits)



16. I believe that I can improve my diet.

