



Readiness to Change Questionnaire

What is the specific behavior change: _____

Are you willing to make this behavioral change a top priority? Y / N

How? _____

Have you tried to change this behavior before? Y / N

What happened? _____

Do you believe there are inherent risks / dangers associated with not making this behavioral change? Y / N

Are you committed to making this change, even though it may prove challenging? Y / N

Do you have support from family and friends? Y / N

Besides health reasons, do you have other reasons to make this change Y/ N

What are those reasons? _____

Are you prepared to be patient with yourself when you encounter challenges and disruptions or set backs? Y / N

What is your **SMART** goal:

Specific:

Measurable:

Attainable:

Relevant:

Time-based: