

Readiness For Change - Where am I right now?

Thinking about your eating, physical activity, sleep and stress over the past three months, please answer the following questions. Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check "Don't know" if you do not know or do not want to answer.)

NAME:	DATE:					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Don't Know
I eat a healthy, whole food, low carbohydrate diet.	5	4	3	2	1	
I do not overeat.	5	4	3	2	1	
I get enough physical activity	5	4	3	2	1	
I don't consume much alcohol or fructose	5	4	3	2	1	
I get enough sleep	5	4	3	2	1	
I manage my stress well	5	4	3	2	1	

How confident are you that you can make changes now?

Please circle one number to indicate how confident you are that you can make the following changes. (Check "Don't know" if you do not know or do not want to answer.)

NAME:				DATE:	
	Highly confident	Confident	Somewhat Confident	Not Confident	Don't Know
Make changes to what I eat, in a way that will help me lose weight.	4	3	2	1	
Overeat less often	4	3	2	1	
Get more active - 150 minutes of moderate to vigorous exercise per week.	4	3	2	1	
Decrease the amount of alcohol or fructose I consume.	4	3	2	1	
Get 7+ hours per night of sleep	4	3	2	1	
Learn to practice stress tolerance techniques regularly	4	3	2	1	