



Readiness to Change Questionnaire

Are you looking to change a specific behavior? Yes No

Are you willing to make this behavioral change a top priority? Yes No

Have you tried to change this behavior before? Yes No

Do you believe there are inherent disadvantages or risks associated with not making this behavioral change? Yes No

Are you committed to making this change, even though it may prove challenging? Yes No

Do you have support for making this change from friends, family, and loved ones? Yes No

Besides health reasons, do you have other reasons for wanting to change this behavior? Yes No

Are you prepared to be patient with yourself if you encounter obstacles, barriers, and/or setbacks? Yes No

On a scale of 1 to 10 (with 10 high), how motivated are you to make a change? _____

