

## Readiness Assessment and Health Goals

### Readiness Assessment

Rate on a scale of **5 (very willing)** to **1 (not willing)**:

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

- Significantly modify your diet \_\_\_\_\_
- Take several nutritional supplements each day \_\_\_\_\_
- Keep a record of everything you eat each day \_\_\_\_\_
- Modify your lifestyle (e.g., work demands, sleep habits) \_\_\_\_\_
- Practice a relaxation technique \_\_\_\_\_
- Engage in regular exercise \_\_\_\_\_

Rate on a scale of **5 (very confident)** to **1 (not confident at all)**:

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

If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to follow through?

Rate on a scale of **5 (very supportive)** to **1 (very unsupportive)**:

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

Rate on a scale of **5 (very frequent contact)** to **1 (very infrequent contact)**:

How much ongoing support (e.g., telephone consults, email correspondence) from our professional staff would be helpful to you as you implement your personal health program? \_\_\_\_\_

Comments: