

Readiness for change questionnaire

On a scale of 0-10 (0 being not important at all and 10 being very important) how important is it to you to make changes to your lifestyle? Please circle your answer.

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0-10 (0 being not confident at all and 10 being as confident as you can be) how confident do you feel in your ability to make changes to your lifestyle? Please circle your answer.

0 1 2 3 4 5 6 7 8 9 10

Please put a tick next to the statement below which best describes you:

I have thought about making changes to improve my/our lifestyle

I have not thought about making any changes to improve my/our lifestyle

I have made some changes to improve my/our lifestyle

I do not know where to start when it comes to making changes to my/our lifestyle

Name..... DOB..... Date completed.....