



### Readiness Assessment

In order to improve your health, how willing are you to: *(Rate on a scale of 1 (not willing) to 5 (very willing))*

- Significantly modify your diet -  1  2  3  4  5
- Take several nutritional supplements each day –  1  2  3  4  5
- Keep a record of everything you eat each day –  1  2  3  4  5
- Modify your lifestyle (e.g., work, sleep habits) –  1  2  3  4  5
- Practice a relaxation technique –  1  2  3  4  5
- Engage in regular exercise –  1  2  3  4  5
- Have periodic lab tests to assess your progress -  1  2  3  4  5

Comments - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How confident are you in your ability to organize and follow through on the above health related activities?

- 1  2  3  4  5

If you are not confident of your ability, what aspects of yourself or your life lead you to question your capacity to fully engage in the above activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the present time, how supportive do you think the people in your household will be to your implementing the above changes?  1  2  3  4  5

Comments - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much on-going support and contact (e.g., telephone consults, e-mail correspondence) from our professional staff would be helpful to you as you implement your personal health program?

- 1  2  3  4  5

Comments - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_