

Ready for Change Worksheet

Name _____ Date _____ Medical Record # _____

Fill in the next to the answer that best tells about you

Healthy Eating

1. Plan healthy meals

- I am not sure how to plan healthy meals I need to do better Most of the time I plan healthy meals I always plan healthy meals

2. Grocery shop with a list

- I do not shop with a list I need to do better Most of the time I shop with a list I always shop with a list

3. Cook with less fat, salt and sugar

- I do not cook with less fat, salt and sugar I need to do better Most of the time I cook with less fat, salt and sugar I always cook with less fat, salt and sugar

4. Eat healthy meals

- I do not eat healthy meals I need to do better Most of the time I eat healthy meals (5- 6 days a week) I always eat healthy meals (6 - 7 days a week)

Being Active

5. Exercise 5 or more days each week

- I do not exercise I need to do better I exercise 2 or 3 times a week for 30 minutes I exercise 5 to 7 times a week for 30 minutes