

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I am not sure how to plan healthy meals | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I plan healthy meals | <input type="checkbox"/> I always plan healthy meals |
|--|--|--|--|

2. Grocery shop with a list

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not shop with a list | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I shop with a list | <input type="checkbox"/> I always shop with a list |
|--|--|--|--|

3. Cook with less fat, salt and sugar

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not cook with less fat, salt and sugar | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I cook with less fat, salt and sugar | <input type="checkbox"/> I always cook with less fat, salt and sugar |
|--|--|--|--|

4. Eat healthy meals

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> I do not eat healthy meals | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I eat healthy meals (5- 6 days a week) | <input type="checkbox"/> I always eat healthy meals (6 - 7 days a week) |
|---|--|--|---|

Being Active

5. Exercise 5 or more days each week

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not exercise | <input type="checkbox"/> I need to do better | <input type="checkbox"/> I exercise 2 or 3 times a week for 30 minutes | <input type="checkbox"/> I exercise 5 to 7 times a week for 30 minutes |
|--|--|--|--|