Ready for Change Worksheet

Name	Date _		_ Medical Record	# .	
Fill in the □ next to	the answer the	at best te	ells about you		
Healthy Eating					
1. Plan healthy meals	:				
□ I am not sure how to plan healthy meals	□ I need to better	odo 🗆	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 better	odo 🗆	Most of the time I shop with a list		I always shop with a list
3. Cook with less fat,	, salt and suga	r			
□ I do not cook with less fat, salt and sugar	□ I need to better	odo 🗆	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 better	odo 🗆	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	e days each we	eek			
□ I do not exercise	□ I need to better	odo 🗆	I exercise 2 or 3 times a week for 30 minutes		I exercise 5 to 7 times a week for 30 minutes

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