



## Ready and Willing Assessment

Ready and Willing					
Name	Date				
<b>In order to improve your health, how willing are you to:</b> 1 ( <i>not willing</i> ) to 5 ( <i>very willing</i> ).	1	2	3	4	5
Significantly modify your diet					
Try new foods you've never eat before					
Take one or more nutritional supplements every day					
Keep a record of everything you eat every day					
Modify your sleep schedule					
Modify your work schedule					
Practice relaxation techniques					
Exercise regularly					
Have periodic lab tests done to assess progress					
<b>How confident are you of your ability to organize and follow through on the above health related activities?</b> 1 ( <i>not confident at all</i> ) to 5 ( <i>very confident</i> )					
<b>How supportive do you think the people in your household will be to your implementing the above changes?</b> 1 ( <i>not supportive at all</i> ) to 5 ( <i>very supportive</i> )					
<b>How much ongoing support and contact (e.g. telephone consults, e-mail correspondence) do you feel you need as you implement your personal health program?</b> 1 ( <i>very infrequent contact</i> ) to 5 ( <i>very frequent contact</i> )					
<b>Total for Each Column (number of checkmarks x value)</b>					
<b>Grand Total /60</b>					

If you are not confident of your ability to make these changes, what do you believe is getting in the way? What aspects of yourself or your life lead you to question your ability to fully engage in the above activities?