

Ready and Willing Assessment

Ready and Willing										
Name					Date					
In order to improve your health, how willing are you to: <i>1 (not willing) to 5 (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										
How confident are you of your ability to organize and follow through on the above health related activities? <i>1 (not confident at all) to 5 (very confident)</i>										
How supportive do you think the people in your household will be to your implementing the above changes? <i>1 (not supportive at all) to 5 (very supportive)</i>										
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? <i>1 (very infrequent contact) to 5 (very frequent contact)</i>										
Total for Each Column (number of checkmarks x value)										
Grand Total /60										

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?