

## Participant Readiness to Change Questionnaire

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**This questionnaire is designed to assist you and your medical provider in deciding if this is a good time in your life to begin a weight management program. Please be as honest with yourself and your medical provider regarding these questions. Please circle the answers that you feel best apply to you.**

A.	Do you feel motivated to lose excess body fat at this time?	0 Not at all motivated 1 Slightly motivated 2 Somewhat motivated 3 Quite motivated 4 Extremely motivated
B.	How motivated are you to change your eating habits at this time?	0 Not at all motivated 1 Slightly motivated 2 Somewhat motivated 3 Quite motivated 4 Extremely motivated
C.	How motivated are you to increase your physical activity at this time?	0 Not at all motivated 1 Slightly motivated 2 Somewhat motivated 3 Quite motivated 4 Extremely motivated
D.	How motivated are you to try new strategies/ techniques for changing your dietary, physical activity, and other health related behaviors at this time?	0 Not at all motivated 1 Slightly motivated 2 Somewhat motivated 3 Quite motivated 4 Extremely motivated
E.	People who want to achieve long-term weight control need to spend time every day trying to plan for healthy meals, physical activity and behavior change. How confident are you that you can devote time and effort, now and over the next few months?	0 Not at all confident 1 Slightly confident 2 Somewhat confident 3 Quite confident 4 Extremely confident
F.	How confident are you that you will be able to record everything you eat and drink, and your movement, most days of the week for 16 sessions?	0 Not at all confident 1 Slightly confident 2 Somewhat confident 3 Quite confident 4 Extremely confident
G.	How satisfied would you be if you achieved a 7% weight loss that significantly improved your health and quality of life?	0 Not at all satisfied 1 Slightly satisfied 2 Somewhat satisfied 3 Quite satisfied 4 Extremely satisfied

## INTERPRETATION OF READINESS OF CHANGE IN WEIGHT MANAGEMENT QUESTIONNAIRE

MOTIVATION	CONFIDENCE	EXPECTATIONS	
<b>Area 1:</b> A _____ B _____ C _____ D _____  Total _____	<b>Area 2:</b> E _____ F _____  Total _____	<b>Area 3:</b> G _____  Total _____	* Total from three areas _____

*A score from 0 - 8	This may not be the best time for you to start a weight loss program. Inadequate motivation could block our progress. You may want to wait until feeling more confident in your ability to change behavior. By considering realistic weight loss goals and understanding the health benefits of just 7% body weight loss, may help you progress forward. You are likely in a "Pre-contemplative" stage for readiness to change.
*A score from 9 - 19	You are close to being ready to begin a weight reduction program but should start thinking about ways to increase motivation and boost confidence in your ability to change before beginning. Try to focus on the reasons for changing your lifestyle to achieve weight reduction. It's not all about the numbers on the scale. You are likely in a "contemplative" stage for readiness to change.
*A score from 20 - 28	You have the necessary motivation and confidence to start a weight management program. Your expectations are right on target. You are in "preparation" phase for change and ready to move toward the "action" phase.

**Comments:**