Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Am I Ready to Make Positive Lifestyle Changes?**

Please check the box that indicates how strongly you agree or disagree with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Agree** | **Unsure** | **Disagree** | **Strongly Disagree** |
| I currently eat healthy |  |  |  |  |  |
| I currently get enough exercise |  |  |  |  |  |
| I have time to eat healthy and exercise |  |  |  |  |  |
| I want to become more physically active |  |  |  |  |  |
| I want to be able to exercise for longer periods of time |  |  |  |  |  |
| I want to eat healthier |  |  |  |  |  |
| I think eating healthier is important |  |  |  |  |  |
| I want to overeat less often |  |  |  |  |  |
| I feel motivated to lose weight |  |  |  |  |  |
| I feel certain that I can stay committed to my weight loss program until I can reach my goals |  |  |  |  |  |
| I feel as though the amount of weight I want to lose is a realistic goal |  |  |  |  |  |
| I feel as though I can manage outside factors (stress, calendar obligations, etc.) and still reach my weight loss goals |  |  |  |  |  |
| I currently have trouble controlling the amount of food that I eat at one time |  |  |  |  |  |
| I am willing to make appropriate changes to the portion sizes of my meals |  |  |  |  |  |
| I am willing to stop buying unhealthy foods and to stop keeping them in my house |  |  |  |  |  |
| I currently exercise at least 150 minutes per week |  |  |  |  |  |
| I am confident that I can begin to exercise regularly |  |  |  |  |  |
| When I think about exercise, I develop a positive picture in my mind |  |  |  |  |  |
| I have time to work regular exercise into my daily schedule |  |  |  |  |  |
| I think exercising is important |  |  |  |  |  |
| I am willing to exercise more |  |  |  |  |  |

