

**DIABETES AND NUTRITION CARE
READINESS TO CHANGE QUESTIONNAIRE**

Name: _____

Date: _____

Consider your physical activity and eating habits over the past three months. Circle one number to indicate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree	Don't Know
I think I eat healthy	5	4	3	2	1	
I get enough physical activity	5	4	3	2	1	
I want to eat healthier	5	4	3	2	1	
I want to be more physically active	5	4	3	2	1	

How confident are you that you can make the following changes now? Circle one number to indicate how confident you are that you can make the following changes.

	Extremely Confident	Confident	Not sure	Somewhat confident	Not at all confident
Get more physical activity (outside of work)	5	4	3	2	1
Be physically active for 15-30 minutes, 3-5 times per week	5	4	3	2	1
Eat more foods that will help me to be healthier	5	4	3	2	1
Overeat less often	5	4	3	2	1

Diabetic Record

