**Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Readiness to Change Questionnaire

## Where am I right now?

**Program Interest**

|  |
| --- |
| What sparked your interest in the Diabetes Prevention Program? (Why did you call, or, why were you referred?) |

Think about your physical activity and eating over the past three months. I am going to ask you a few questions. Let me know how strongly you agree or disagree with the statements. You can also tell me if you “Don’t know” or do not want to answer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly  Agree | Agree | Not Sure | Disagree | Strongly  Disagree | Don’t Know  or Refused |
| I eat healthily. | 5 | 4 | 3 | 2 | 1 |  |
| I get enough physical activity. | 5 | 4 | 3 | 2 | 1 |  |
| I want to eat more healthily. | 5 | 4 | 3 | 2 | 1 |  |
| I want to be more physically active. | 5 | 4 | 3 | 2 | 1 |  |
| I have tried a program like this before. | 5 | 4 | 3 | 2 | 1 |  |
| What is the name of the program you tried? | | | | | | |
| What were your successes or what worked for you? Or What do you think will be easy about this program? | | | | | | |
| What was hard or what were your challenges? Or What do you anticipate to be the challenges with this program? | | | | | | |

## How confident are you that you can make changes now?

Next I am going to ask you some questions to indicate how confident you are that you can make lifestyle changes. You can also tell me if you “Don’t know” or do not want to answer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eating:  With the right support, how confident are you that you can: | Sure I can | Think  I can | Not sure  I can | Don’t think I can | Don’t know or Refused |
| Eat more healthful food | 4 | 3 | 2 | 1 |  |
| Overeat less often | 4 | 3 | 2 | 1 |  |
| Who can support you in eating healthier? In what ways? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Activity:**  With the right support, how confident are you that you can: | **Sure I can** | **Think**  **I can** | **Not sure I can** | **Don’t think**  **I can** | **Don’t know or Refused** |
| Get physical activity more often | 4 | 3 | 2 | 1 |  |
| Be physically active for a longer time | 4 | 3 | 2 | 1 |  |
| Who can support you in becoming more active? In what ways? | | | | | |

**Program Support**

|  |
| --- |
| Given what you currently know about the program, how do you think we can help you be successful throughout the duration of the program? |

**Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Readiness to Change Screening Tool

1. **Are you here because YOU want to make changes? ⧠ Yes ⧠ No**

If you feel pressured into coming by your spouse, doctor or a friend, you may not be ready to lose weight. There a good chance you’ll be setting yourself up to fail.

1. **Are you ready to make a life-long commitment to healthy moderate eating habits and regular physical activity? ⧠ Yes ⧠ No**

Think about the amount of weight you want to lose. Everyone wants to lose weight instantly, but in this program you will lose weight gradually. If you’re willing to spend time developing new eating and activity patterns over the next several months, there’s good chance this program is for you.

1. **Are you ready to make this a priority in your life? ⧠ Yes ⧠ No**

Changing long upheld behaviors and losing weight takes time and effort. Besides attending the session weekly for 16 weeks then bi-monthly for the next few months, and then monthly, for a full year (2 years under Medicare), you’ll need to spend time recording your food and activity each day. If you’re already ***overcommitted,*** this might not be the right time for you to start. This program will be available when it works best for you to begin.

1. **Are you willing to be accountable for your food and physical activity choices? ⧠ Yes ⧠ No**

You may have been in other programs where everything is laid out for you. The key of this program is to find what works best for you. This will involve some serious thinking and decisions about what you are willing to change.

1. **Are you ready to create a target goal weight that is realistic and healthy for you? ⧠ Yes ⧠ No**

Studies have shown that a weight loss of 7% is sufficient to provide health benefits and reduce risks for type 2 diabetes. If you have a substantial amount to lose, you may have intermediate goals. The success of this program involves achieving a weight that can be maintained by staying active and eating at sufficient levels.

**Your commitment is important** as it takes hard work to change habits. We know this program works, as it’s based on years of research. To be successful, we ask you think about your readiness, sign a contract and make a commitment to the goals of 7% weight loss and 150 minutes of weekly physical activity.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |