

**Readiness to Change Questionnaire**

	<b>YES</b>	<b>NO</b>
Are you looking to change a specific behavior?		
Are you willing to make this behavior change a top priority?		
Have you tried to change this behavior before?		
Do you believe there are inherent risks/dangers associated with not making this behavior change?		
Are you committed to making this change, even though it may prove challenging?		
Do you have support for making this change from friends, family, and loved ones?		
Besides health reasons, do you have other reasons for wanting to change this behavior?		
Are you prepared to be patient with yourself if you encounter obstacles, barriers, and/or setbacks?		

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

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