



Readiness to Change Questionnaire

Where am I right now?

Thinking about your physical activity and eating over the past three months, please answer the following questions. Please circle one number to indicate how strongly you agree or disagree with the following statements.

(Check “Don’t know or refused” if you do not 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	

How confident am I that I can make changes now?

Please circle one number to indicate how confident you are that you can make the following changes.

(Check “Don’t know or refused” if you do not know or do not want to answer.)

<u>Physical Activity:</u>	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 longer time	4	3	2	1	

<u>Eating:</u>	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	

This document was adapted by PPHD for the National Diabetes Prevention Program from the original created by DTTAC.



Am I Ready?

1. **Are you here because YOU want to make changes?** If you feel pressured into coming by your spouse, doctor, or friend, you may not be ready to lose weight. There is a good chance that you'll be setting yourself up to fail.
2. **Are you ready to make life-long commitment to healthy moderate eating habits and regular physical activity?** Think about the amount of weight you want to lose. Everyone wants to lose weight instantly, but in this program it will happen gradually. If you are willing to spend time developing new eating and activity patterns over the next several months, there's a good chance that this program is for you.
3. **Are you ready to make this (you) a priority in your life?** Changing long upheld behaviors and losing weight takes time and effort. Besides attending the weekly sessions for the next 16 weeks, then monthly for the next year, you'll need to spend some time tracking your food and activity every day. If you are already overcommitted, this might not be the right time for you to start. The program will be available when it works best for you to begin.
4. **Are you willing to be accountable for your food and activity choices?** 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, which will involve some serious thinking and decisions about what you're willing to change.
5. **Are you ready to create a target weight that is realistic and healthy for you?** Studies have shown that a weight loss of 7% is sufficient to provide health benefits and reduce risk for type 2 diabetes. If you have a substantial amount to lose, you may have immediate 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. It takes hard work to change habits. We know that this program works, as it is based on years of research. To be successful, we ask that you think about your readiness, sign a contract, and make a commitment to the goals of the 7% weight loss and 150 minutes of physical activity.

Signature: _____ Date: _____

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Participant Agreement

I, _____, agree to participate in the National Diabetes Prevention Program Nebraska Panhandle (NDPP-NP). I understand that my participation is voluntary and that a Lifestyle Coach will provide education and support focused on reducing my chances of developing diabetes.

What you can expect from the program and your lifestyle coach:

1. Go over your food and activity records every week.
2. Give you feedback on your successes and what can be improved.
3. Provide information in a way that is useful to you in meeting your lifestyle goals.
4. Answer (or find the answer to) all of your questions.
5. Honesty and accountability.
6. To support and encourage you in challenging times.
7. Absolute belief that each participant can achieve their goals for a healthier lifestyle.
8. Maintain confidentiality regarding your personal information.

What we expect from you:

1. Come to each of the 32 (weekly first 4 months and bi-monthly in last 8 months) sessions and bring your Lifestyle Balance notebook. Call or e-mail your lifestyle coach if you must miss a session.
2. If you miss a session, schedule a make-up with your lifestyle coach.
3. Do your best each week to reach your eating and activity goals, including home activities to practice what you learn in the weekly sessions.
4. Keep track of your eating and activity 7 days a week and turn in your food and activity records weekly. Be honest and as accurate as possible (this is for you, after all).
5. Expect to be weighed each week at our weekly meeting. This allows you to track your progress; it is not a report card!
6. Let your lifestyle coach know if you have any problems or barriers so we can be of assistance.
7. Do your best to keep an open mind, and give new strategies a try. Persistence is the key to success!

I agree to work together in the ways described above.

Signature: _____ Date: _____

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