

Client Assessment – Readiness Questionnaire

The following questions will help determine your level of readiness for change, your motivation towards reaching your goals, and identifying obstacles to your success. Please answer each of the questions completely as these answers will lead to the development of the best possible fitness program for you.

1. Are you at some sort of health risk because of your current behaviors/style? If so, please describe.
2. How do you feel making lifestyle changes will improve your quality of life and decrease your risk of health-related disorders?
3. Are you seeking to make lifetime changes or achieving a short-term, temporary goal?
4. Are you willing to get personally involved in planning a lifestyle change program or are you looking for someone to develop the program for you?
5. Are you open to trying different approaches or do you have preferred methods, areas to avoid, etc?
6. Are successes in small increments a motivator for you? If so, please give an example of a small increment success.
7. Are you willing to set realistic goals and prepared to deal with possible setbacks?
8. Are you willing to make lifestyle changes or would you rather maintain your current lifestyle with slight modifications?
9. Compared to previous attempts, how motivated are you at this time to try to change your lifestyle (use a 1-5 scale; 1=not at all motivated, 5= extremely motivated).

Considering all outside factors at this time in your life (stress at work, obligations, etc) to what extent can you tolerate the effort required to stick to a lifetime exercise and nutrition plan (use a 1-5 scale; 1= cannot tolerate at all, 5=can tolerate easily).

10. How confident are you that you can work regular exercise into your daily schedule starting tomorrow (use a 1-5 scale; 1=not at all confident, 5=extremely confident).
11. Indicate your busiest day of the week and your easiest day of the week.

Busiest: _____ Easiest: _____

12. Write down all the pain you associate with being in your present situation (e.g., “none of my clothes fit”; “I have no energy”; “My blood pressure is too high”).