

Ready for Change Worksheet

Name _____ Date _____ Medical Record # _____

Fill in the next to the answer that best tells about you

Healthy Eating

1. Plan healthy meals

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I am not sure how to plan healthy meals | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I plan healthy meals | <input type="checkbox"/> I always plan healthy meals |
|--|--|--|--|

2. Grocery shop with a list

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not shop with a list | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I shop with a list | <input type="checkbox"/> I always shop with a list |
|--|--|--|--|

3. Cook with less fat, salt and sugar

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not cook with less fat, salt and sugar | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I cook with less fat, salt and sugar | <input type="checkbox"/> I always cook with less fat, salt and sugar |
|--|--|--|--|

4. Eat healthy meals

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> I do not eat healthy meals | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I eat healthy meals (5-6 days a week) | <input type="checkbox"/> I always eat healthy meals (6-7 days a week) |
|---|--|---|---|

Being Active

5. Exercise 5 or more days each week

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not exercise | <input type="checkbox"/> I need to do better | <input type="checkbox"/> I exercise 2 or 3 times a week for 30 minutes | <input type="checkbox"/> I exercise 5 to 7 times a week for 30 minutes |
|--|--|--|--|

Monitoring

6. Check blood sugar as provider ordered

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I do not check my blood sugar | <input type="checkbox"/> I need to do better | <input type="checkbox"/> I check my blood sugar some times | <input type="checkbox"/> I check my blood sugar as ordered |
|--|--|--|--|

Taking Medication

7. Take medicine as ordered

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> I am not sure when to take my medicine | <input type="checkbox"/> I need to do better | <input type="checkbox"/> Most of the time I take my medicine as ordered | <input type="checkbox"/> I always take my medicine as ordered |
|---|--|---|---|

Problem Solving

8. Know about low blood sugar

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|---|--|--|--|
| <input type="checkbox"/> I do not know when my blood sugar is low | <input type="checkbox"/> I do not know what to do when my blood sugar is low | <input type="checkbox"/> I know when my blood sugar is low but do not keep a quick sugar with me | <input type="checkbox"/> I know when my blood sugar is low and always keep a quick sugar with me |
|---|--|--|--|

9. Go to diabetes education classes

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> I have not been to classes | <input type="checkbox"/> I should go to classes | <input type="checkbox"/> I have been to some classes | <input type="checkbox"/> I am going to class |
|---|---|--|--|

10. Know about high blood sugar

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|--|--|--|---|
| <input type="checkbox"/> I do not know when my blood sugar is high | <input type="checkbox"/> I do not know what to do for high blood sugar | <input type="checkbox"/> I know when my blood sugar is high but do not know what to do | <input type="checkbox"/> I know when my blood sugar is high and know what to do |
|--|--|--|---|

11. Have a Hemoglobin A1c (HbA1c) of 7 or less

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> I do not know what Hb A1c is | <input type="checkbox"/> My HbA1c is 10 or more I should work on it | <input type="checkbox"/> My HbA1c is between 7 and 9 I want to get it lower | <input type="checkbox"/> My HbA1c is 7 or less |
|---|---|---|--|

Healthy Coping

12. Deal with stresses

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|--|--|--|--|
| <input type="checkbox"/> I do not know how to deal with stress | <input type="checkbox"/> I need to learn how to deal with stress | <input type="checkbox"/> I am working on dealing with stress | <input type="checkbox"/> Dealing with stress is not a problem for me |
|--|--|--|--|

Reducing Risks

13. Weight

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|---|--|---|---|
| <input type="checkbox"/> I know I need to lose weight but I can't | <input type="checkbox"/> I am trying but it is not working | <input type="checkbox"/> I am losing weight | <input type="checkbox"/> I do not need to lose weight |
|---|--|---|---|

14. Smoking

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> I can't or do not want to stop smoking | <input type="checkbox"/> I know I should stop smoking | <input type="checkbox"/> I am working to stop smoking | <input type="checkbox"/> I do not smoke |
|---|---|---|---|

15. Diabetes ID

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> I do not have or want diabetes ID | <input type="checkbox"/> I need to get ID for my diabetes | <input type="checkbox"/> I have diabetes ID but do not have it with me all the time | <input type="checkbox"/> I carry diabetes ID at all times |
|--|---|---|---|

16. Brush and floss teeth

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|---|--|---|---|
| <input type="checkbox"/> I do not brush or floss my teeth daily | <input type="checkbox"/> I brush my teeth daily but do not floss | <input type="checkbox"/> I brush my teeth daily and floss sometimes | <input type="checkbox"/> I brush and floss my teeth every day |
|---|--|---|---|

17. Check feet

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|--|---|--|--|
| <input type="checkbox"/> I do not know why I need to check my feet | <input type="checkbox"/> I need to start checking my feet daily | <input type="checkbox"/> I sometimes check my feet | <input type="checkbox"/> I check my feet every day |
|--|---|--|--|