

# 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

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|--------------------------------------------|----------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| <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. 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 |
|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------------|

9. Know about low blood sugar

- |                                                                   |                                                                              |                                                                                                  |                                                                                                  |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <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 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

10. Know about high blood sugar

- |                                                                    |                                                                               |                                                                                        |                                                                                 |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> I do not know when my blood sugar is high | <input type="checkbox"/> I do not know what to do when my blood sugar is high | <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 of 7 or less

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

## Healthy Coping

### 12. Deal with stress

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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 to lose weight 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, I need more information | <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

- |                                                                 |                                                                  |                                                                     |                                                               |
|-----------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|
| <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

- |                                                                    |                                                                 |                                                    |                                                    |
|--------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <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 |
|--------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|