## 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
   - [ ] I am not sure how to plan healthy meals
   - [ ] I need to do better
   - [ ] Most of the time I plan healthy meals
   - [ ] I always plan healthy meals

2. Grocery shop with a list
   - [ ] I do not shop with a list
   - [ ] I need to do better
   - [ ] Most of the time I shop with a list
   - [ ] I always shop with a list

3. Cook with less fat, salt and sugar
   - [ ] I do not cook with less fat, salt and sugar
   - [ ] I need to do better
   - [ ] Most of the time I cook with less fat, salt and sugar
   - [ ] I always cook with less fat, salt and sugar

4. Eat healthy meals
   - [ ] I do not eat healthy meals
   - [ ] I need to do better
   - [ ] Most of the time I eat healthy meals (5-6 days a week)
   - [ ] I always eat healthy meals (6-7 days a week)

### Being Active

5. Exercise 5 or more days each week
   - [ ] I do not exercise
   - [ ] I need to do better
   - [ ] I exercise 2 or 3 times a week for 30 minutes
   - [ ] I exercise 5 to 7 times a week for 30 minutes

### Monitoring

6. Check blood sugar as provider ordered
   - [ ] I do not check my blood sugar
   - [ ] I need to do better
   - [ ] I check my blood sugar some times
   - [ ] I check my blood sugar as ordered

### Taking Medication

7. Take medicine as ordered
   - [ ] I am not sure when to take my medicine
   - [ ] I need to do better
   - [ ] Most of the time I take my medicine as ordered
   - [ ] I always take my medicine as ordered

### Problem Solving

8. Know about low blood sugar
   - [ ] I do not know when my blood sugar is low
   - [ ] I do not know what to do when my blood sugar is low
   - [ ] I know when my blood sugar is low but do not keep a quick sugar with me
   - [ ] I know when my blood sugar is low and always keep a quick sugar with me

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This product was developed by the Galveston: Take Action project at the Galveston County Health District in Texas City, TX with support from the Robert Wood Johnson Foundation® in Princeton, NJ.
9. Go to diabetes education classes

- I have not been to classes
- I should go to classes
- I have been to some classes
- I am going to class

10. Know about high blood sugar

- I do not know when my blood sugar is high
- I do not know what to do for high blood sugar
- I know when my blood sugar is high but do not know what to do
- I know when my blood sugar is high and know what to do

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

- I do not know what Hb A1c is
- My HbA1c is 10 or more
- I should work on it
- I know when my blood sugar is high but do not know what to do
- My HbA1c is between 7 and 9
- I want to get it lower

Healthy Coping

12. Deal with stress

- I do not know how to deal with stress
- I need to learn how to deal with stress
- I am working on dealing with stress
- Dealing with stress is not a problem for me

Reducing Risks

13. Weight

- I know I need to lose weight but I can't
- I am trying but it is not working
- I am losing weight
- I do not need to lose weight

14. Smoking

- I can't or do not want to stop smoking
- I know I should stop smoking
- I am working to stop smoking
- I do not smoke

15. Diabetes ID

- I do not have or want diabetes ID
- I need to get ID for my diabetes
- I have diabetes ID but do not have it with me all the time
- I carry diabetes ID at all times

16. Brush and floss teeth

- I do not brush or floss my teeth daily
- I brush my teeth daily but do not floss
- I brush my teeth daily and floss sometimes
- I brush and floss my teeth every day

17. Check feet

- I do not know why I need to check my feet
- I need to start checking my feet daily
- I sometimes check my feet
- I check my feet every day