

Context of Care Questionnaire

1. What are your health and lifestyle goals?

2. List your top three priorities in life. Where do health and vitality fit in?

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3. How do you rate your present level of health?

Rate 1-10. 10 being excellent. ()

4. How do you rate your present level of vitality?

Rate 1-10. 10 being excellent. ()

5. How do you rate your present level of lifestyle?

Rate 1-10. 10 being excellent. ()

6. How confident are you in your ability to persevere with the healthy diet, lifestyle and exercise programs required for you to achieve health and wellbeing?

Rate 1-10. 10 being highly confident. ()

7. How committed are you to improving your health status?

Rate 1-10. 10 being highly committed. ()

8. Are you willing to change your diet?

Yes () No () Maybe () Explain

9. Are you willing to change your lifestyle habits?

Yes () No () Maybe () Explain

10. Are you willing to increase your aerobic capacity with an exercise program?

Yes () No () Maybe () Explain

11. Are you willing to increase your strength and stamina with a strength resistance program?

Yes () No () Maybe () Explain

12. How long do you feel it would take you to achieve your health and lifestyle goals?

Days () Weeks () Months () Years ()

13. What do you think could stop you from achieving your health goals?

Time () Commitment () Resources () Support () Money ()

Interest () Health () Other

14. Why did you come to this clinic?
