

Name

# Achieving Optimal Health

Date

## Exercise B: Your Health Beliefs

Identify 1 specific behavior of yours that you consider unhealthy: \_\_\_\_\_

For each of the **6 Health Beliefs** listed below, indicate your current belief level regarding the specific behavior you identified above.

### Circle Your Responses

**NO** ..... **YES**

- 1. Do you believe your unhealthy behavior makes you more **susceptible** to developing a chronic disease? 1 2 3 4 5 6 7 8 9 10
- 2. Do you believe a chronic, lifestyle-related disease would be a **serious** threat to your health? 1 2 3 4 5 6 7 8 9 10
- 3. Do you believe a therapeutic lifestyle change would be **effective** in helping you prevent getting a chronic disease? 1 2 3 4 5 6 7 8 9 10
- 4. Do you believe a therapeutic lifestyle change would be **beneficial** to your quality of life? 1 2 3 4 5 6 7 8 9 10
- 5. Do you believe you are **capable** of making a therapeutic lifestyle change if given the proper tools and opportunities? 1 2 3 4 5 6 7 8 9 10
- 6. Do you believe you are ultimately **responsible** for your lifestyle choices and their consequences? 1 2 3 4 5 6 7 8 9 10

Each health belief should be  $\geq 8$  to help ensure your success with a therapeutic lifestyle change. An **overall** health belief level is helpful when comparing your options among TLC Programs.

**Averaged Health Belief:** ( \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ )  $\div$  6 = \_\_\_\_\_

For each of your health beliefs that you indicated as **< 8**, **explain your reasoning** below:

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If **any** of your health beliefs are **< 8**, you are NOT ready to change that specific unhealthy behavior. Try to clarify your health beliefs or consider a different unhealthy behavior for your TLC Program.

**Q:** If all 6 of your health beliefs are  $\geq 8$ , your unhealthy behavior is incongruent with your personal health belief system. **Can you explain this contradiction? How could you resolve it?**

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## Exercise C: Your Stage of Change

A specific unhealthy behavior of yours that you would like to change is:

\_\_\_\_\_

What is your current **Stage of Change** regarding the specific behavior that you identified above:

- Stage #1: **Pre-Contemplative** – Unaware, Resistant / No intention to change
- Stage #2: **Contemplative** – Awareness, Openness / Intend to change < 6 months
- Stage #3: **Preparation** – Willingness, Commitment / Intend to change < 1 month
- Stage #4: **Action** – Effort, Enthusiasm / Intentionally changing 0-6 months
- Stage #5: **Maintenance** – Momentum, Perseverance / Naturally changing > 6 months
- Stage #6: **Termination** – Congruence, Freedom / Successfully changed > 2 years

Considering your current Stage of Change indicated above, how does the general process of change outlined below apply to your specific unhealthy behavior that you would like to change?

How long have you been in your current stage? \_\_\_\_\_

How soon do you intend to advance to the next stage? \_\_\_\_\_

Have you been in a more advanced Stage of Change for this behavior?  Yes  No If yes:

What Stage? \_\_\_\_\_ When? \_\_\_\_\_

Why did you relapse? \_\_\_\_\_

What do you perceive to be your current major **obstacles** in advancing to the next stage?

Positives of NOT changing: \_\_\_\_\_

Negatives of changing: \_\_\_\_\_

Limited Resources: \_\_\_\_\_

Social Resistance: \_\_\_\_\_

Considering your current Stage of Change regarding your specific unhealthy behavior, what is a specific Therapeutic Lifestyle Change **Goal** that would be **practical** and **meaningful** to you?

**I will** \_\_\_\_\_

What

**by:** \_\_\_\_\_, **because:** \_\_\_\_\_

When

Why

\_\_\_\_\_

\_\_\_\_\_