ACE

READINESS TO CHANGE QUESTIONNAIRE

Date: _____

	YES	NO
Are you looking to change a specific behavior?	☐	☐
Are you willing to make this behavioral change a top priority?	☐	☐
Have you tried to change this behavior before?	☐	☐
Do you believe there are inherent risks/dangers associated with not making this behavioral change?	☐	☐
Are you committed to making this change, even though it may prove challenging?	☐	☐
Do you have support for making this change from friends, family, and loved ones?	☐	☐
Besides health reasons, do you have other reasons for wanting to change this behavior?	☐	☐
Are you prepared to be patient with yourself if you encounter obstacles, barriers, and/or setbacks?	☐	☐