



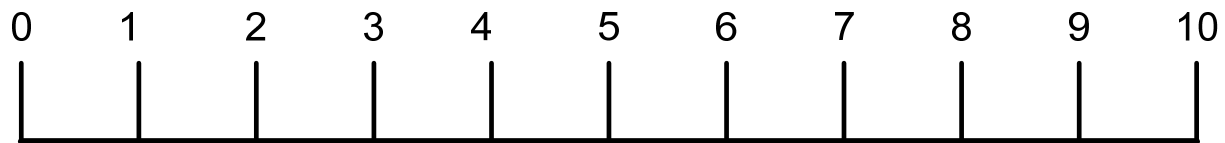
How Ready Are You?

Date _____

Last Name	First Name	Middle Initial	MBCIS ID (Office Use Only)
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Below, mark where you are on this line that measures how ready you are to take a small step towards a healthier lifestyle.

- 0 = not ready to change
- 5 = might be willing to change
- 10 = really ready to change



Use at rescreen only for participants who indicate an increase in their readiness to change from last year
What has changed in your life that makes you more ready to make a healthy behavior change?
