



Eating for Your Health – Making Changes

Patient Name:
Health Professional Name:
Designation:

Date:
Contact:

Reasons I Want to Make Changes

Think about what would motivate you to make changes. Have a look at the examples below and tick any you think are really important to you. You can use the blank spaces at the bottom to add any others that are specific to your life.

<input type="checkbox"/> To feel better	<input type="checkbox"/> To have more energy
<input type="checkbox"/> To sleep better	<input type="checkbox"/> To make a goal and achieve it
<input type="checkbox"/> To feel comfortable in my body	<input type="checkbox"/> To take better care of myself
<input type="checkbox"/> To be fitter	<input type="checkbox"/> To be less self-critical
<input type="checkbox"/> To be able to do things I can't now	<input type="checkbox"/> To be able to enjoy physical activity
<input type="checkbox"/> To be able to play with my children / grandchildren	<input type="checkbox"/> To be grateful for the body I have
<input type="checkbox"/> To live longer	<input type="checkbox"/> To show myself that I can do it
<input type="checkbox"/> To have more confidence	<input type="checkbox"/> To be proud of myself
<input type="checkbox"/> To feel more outgoing	<input type="checkbox"/> To enjoy my ability to walk, talk and play
<input type="checkbox"/> To be able to do more things	<input type="checkbox"/> To feel strong and physically capable
<input type="checkbox"/> To have my stomach feel good after I eat	<input type="checkbox"/> To really savour and enjoy foods I love to eat
<input type="checkbox"/> To be able to eat without guilt	<input type="checkbox"/> To feel more in control
<input type="checkbox"/> To enjoy and appreciate the present moment	<input type="checkbox"/> To feel confident that I am truly looking after myself
<input type="checkbox"/> To trust my body cues	<input type="checkbox"/> To be able to walk to my letterbox
<input type="checkbox"/> To enjoy more dietary variety	<input type="checkbox"/> To enjoy sexual intimacy more
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Issued by	Dietetics	Issued Date	April 2021	Classification	I7 4101-13-002
Authorised by	Professional & Clinical Leader, Dietetics	Review Period	36 mths	Page	Page 1 of 2



Eating for Your Health – Making Changes

How **important** is it to you to make changes to your lifestyle right now?

<i>Place a circle where you think you are</i>									
1	2	3	4	5	6	7	8	9	10
Not Important			Somewhat Important				Very Important		

How **confident** are you that you could make a change right now?

<i>Place a circle where you think you are</i>									
1	2	3	4	5	6	7	8	9	10
Not Confident			Somewhat Confident				Very Confident		

Think about these questions:

- Do you feel you have enough confidence to make changes at the moment?
- If not, what needs to change in your life so you can feel more confident?

Use the space below to list anything that makes it harder (barriers) for you to make changes. Then come up with some possible solutions to help you overcome these.

Barriers

Solutions

This nutrition information has been developed for use by Te Whatu Ora Health New Zealand – Waitematā Dietitians. It may be used by other healthcare professionals if appropriate training has been given. Please consult Te Whatu Ora Health New Zealand – Waitematā Dietitians if you have questions about using this information.

Issued by	Dietetics	Issued Date	April 2021	Classification	I7 4101-13-002
Authorised by	Professional & Clinical Leader, Dietetics	Review Period	36 mths	Page	Page 2 of 2

This information is correct at date of issue. Always check Te Whatu Ora - Waitematā Controlled Documents to ensure this is the latest version