

Get Motivated - A Self-Assessment

Would you like to lose weight? Eat healthier meals? Exercise more regularly? Quit using tobacco? Are you motivated to make these important changes? After completing the self-assessment quiz on motivation in these pages, you'll understand what strengths you already have—and what skills you may need to develop—to make any health improvement you choose.

Setting a Goal

What health improvement would you like to make?

Write your goal below.

I would like to:

As you think about your goal, complete the self-assessment below. Your answers will help you decide what steps you may need to take to be as motivated as possible.

How Motivated are You?

Answer the questions below. If a question doesn't apply to your goal, simply leave the answer columns blank.

1.	Have you taken the time to fully consider the benefits of making this health improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you visualized yourself making this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you visualized or fantasized about what your life will be like when you make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you let yourself feel how much you want to make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you considered what personal strengths will help you make this change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you considered what you've learned from past successes that could help you make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7.	Have you considered what you've learned from not achieving your goal in the past that could help you make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you let yourself feel that you deserve to have the benefits of making this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you gotten very tired of the way things are now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you considered what will happen if you don't make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Have you talked with someone you trust about your desire to make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Have you considered collaborating on this improvement with someone else? (For example, you might try exercising with a friend.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Have you thought about ways to have fun while making this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Have you considered whether joining a support group might help you make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Have you asked others to support you in practical ways? (For example, you might ask a friend to gently nag or remind you about your goal or ask someone to telephone you about your progress.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Have you asked others to support you by praising you for your successes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Have you considered the possible benefits of a friendly competition or achievement such as training for a 5K or 10K race or making a bet with a friend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Have you decided this improvement is important enough to make it a high priority in your life?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Have you taken a careful look at what you need to start or stop doing to successfully make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Have you made an effort to learn what you need to know to make this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Have you considered what obstacles lie in your path and how you can overcome them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Have you decided what your first step toward this improvement should be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

23.	Do you regularly set specific, short-term goals related to this improvement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do you keep trying to reach these short-term goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you reward yourself when you reach a goal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Have you taken steps to make your physical surroundings—at home, at work, or on the road—supportive of your goal? (For example, you could keep junk foods out of the house and bring nutritious snacks to work if you want to improve your eating habits.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Have you taken the time to honestly assess your feelings about making this change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Have you taken time to focus on your positive feelings about this change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	If negative feelings seem to get in your way, have you talked with someone about them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	If you can't seem to get started on making this improvement or if you get stuck on the way to your goal, would you talk with someone like a health coach, personal trainer, or health educator for help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do You Know the Score?

Add the number of “yes” answers on your self-assessment.

What is your total? _____

The highest possible score is 30. The closer you are to 30, the more you have already done to get yourself motivated to make a successful health improvement. The farther away from 30 you are, the more you may need to try out some of the tools discussed below. The key below will help you understand what steps will help you be as motivated as possible.

Questions 1-4: Why Change?

“Yes” answers: You have really focused on why you want to make this improvement.

“No” answers: Concentrating on your reasons for making this improvement might help motivate you.

Questions 5-8: Your Strengths And Skills

“Yes” answers: You have considered strengths and skills that will bolster your efforts. You feel you deserve to reap the benefits of this improvement. This kind of positive attitude toward yourself will help you stay motivated once you have started working toward your goal.

“No” answers: Doubts about your abilities may be getting in the way of trying to make your health improvement. Try to identify your strengths and skills—even what you’ve learned from unsuccessful attempts in the past. Try to focus on feeling that you deserve to reap the benefits of this change, too.

Questions 9-10: Considering the Costs

“Yes” answers: You understand the costs of your current lifestyle. Knowing the costs often helps people get motivated to improve their health.

“No” answers: Do you know anyone who has successfully made this lifestyle change? How have they benefited from it? Could this apply to you? Take some time to consider what will happen if you do not make this change. Be careful, though. Some people find this exercise actually saps their motivation by discouraging them. Do it only if you think it will help you.

Questions 11-17: Getting Support/Having Fun

“Yes” answers: You have thought seriously about how others can help you and how you can make your improvement fun. Harnessing these powerful motivators can help you start and stick with your plans.

“No” answers: You may be trying to do it all by yourself. Seriously consider reaching out for some support. Friends, neighbors, co-workers, and family members are often happy to help. In fact, many will share their own struggles with you and help brainstorm about ways to get through difficult spots. You may find that this support makes the difference for you.

Questions 18-21: Determining Priorities

“Yes” answers: Congratulations! You have given importance to this improvement by making it a high priority. You have mapped out what you need to start and stop doing, recognized that there may be obstacles in your path, and considered strategies for overcoming them.

“No” answers: It may help to reconsider why this change is important enough to make it a priority. Creating a plan of action—and taking obstacles into account—can release the brakes slowing down your motivation.

Questions 22-25: Setting Goals

“Yes” answers: You’re already doing one of the most important things you can do to make a health improvement change. You’re setting manageable goals. And you’re working at your goals and rewarding yourself as you reach them.

“No” answers: Often, when a goal seems overwhelming, it helps to break it down into smaller steps. This allows you to taste success, too. Otherwise, if your overall goal seems too far away, you may feel discouraged before you even start. Make mini-goals manageable and think about how you will reward yourself when you achieve each one.

Be sure your goals are positive. If you are trying to lose weight and choose more healthy foods, for example, don’t just cut out your favorite chocolate cake from your diet. Instead, take a step toward your goal by having popcorn for a snack more often than chocolate cake. When you do have chocolate cake, cut a small piece and savor every bite. Goals that make you stop doing something you like without substituting something else in its place can make you feel deprived.

Question 26: Environmental Support

A “yes” answer: Time you spend at work, home, or on the road, make up your environment. By taking steps to make sure your physical surroundings support your goals, you are keeping yourself motivated.

A “no” answer: Your physical surroundings may be sabotaging your efforts to achieve a healthier lifestyle.

Think about changes you can make that would be more supportive of your efforts. For example, don’t keep junk foods around, but have plenty of healthy foods you enjoy close at hand. Ask for support from others who share your surroundings.

Question 27-30: Noticing Feelings

“Yes” answers: You have looked at your feelings about the improvement you wish to make. This is important! Positive feelings motivate you strongly. Negative feelings can get in the way, especially if you haven’t taken the time to look at what they may be telling you.

“No” answers: Boost your motivation by taking a look at your feelings. Most people experience positive feelings (such as excitement and hope) and negative feelings (such as doubt and sadness) when they start to make changes in their lives. Focus strongly on your positive feelings. Think about what you can do to get past your negative feelings. Talking with a friend may help. Or, you may want to talk with a health coach, health educator, or personal trainer, depending on your goals.

Take the Next Step

Look back over all the questions to which you answered “no.” Which one gives you a good idea for something you can do to strengthen your motivation?

Keeping this idea in mind, set a mini-goal you can accomplish this week. Be as specific as possible, so you’ll know when you’ve completed it.

How will you reward yourself for reaching this first goal?

Crush Your Goals

I have put together a 3-part process that you can use to kick-start your journey to reach your goals, no matter what they are. This specific document is a little more health and fitness goals focused, but you can substitute just about any goal you have and use this exact same process to achieve it!

Access this Goal Setting Worksheet here:

<http://www.yourfitnesspath.com/crush-your-goals>