

Date: _____

What is your professional role? _____

1. How confident are you that you can apply all of the **HealthChange® Practice Principles** in your daily work?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all
Confident
Extremely
Confident

2. How confident are you that you can apply all of the **HealthChange® Essential Behaviour Change Techniques** in your daily work?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all
Confident
Extremely
Confident

3. How confident are you that you can apply all of the **HealthChange® 10 Step above the line/below the line Decision Framework** in your daily work?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all
Confident
Extremely
Confident

4. What **barriers** have you experienced in applying HealthChange® Methodology in your daily work?

5. What would **help you** to apply HealthChange® Methodology more fully in your daily work?

Write your answers overleaf if you need more space