

# HealthChange® Methodology Skills Confidence Questionnaire



Date: \_\_\_\_\_ Professional role? \_\_\_\_\_

1. How confident are you that you can apply all of the **HealthChange® Person-centred 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?