

Motivation Questionnaire

Name:

Date:

Contact Information:

Instructions: Please answer the following questions honestly and to the best of your ability. Your responses will help us understand your motivations and tailor our approach to your needs.

Section 1: General Motivation

On a scale of 1 to 10, how motivated are you to improve your health?

Section 2: Intrinsic Motivation

What aspects of improving my health do I find personally enjoyable or satisfying?

Describe a time when I felt highly motivated to improve my health. What caused this motivation?

What long-term benefits do I associate with achieving better health?

Section 3: Extrinsic Motivation

Are any external rewards or incentives motivating me to improve my health?

Do any role models or influencers inspire me to improve my health?

Section 4: Barriers and Challenges

What obstacles or challenges have I encountered while trying to improve my health?

How do I typically react when faced with setbacks or difficulties related to improving my health?

Section 5: Support and Resources

What kind of support or resources do I believe would help me stay motivated and succeed in improving my health?

Are there any specific tools, information, or assistance that would benefit my journey toward better health?

Section 6: Goal Setting

What specific, measurable goals have I set for improving my health?

How confident am I in my ability to achieve these goals?

Section 7: Additional Comments

Is there anything else I want to share about my motivations, goals, or challenges related to improving my health?