| Options (choose 1)                                    | Tick one box below |
|------------------------------------------------------|--------------------|
| I never think about my diet                          |                     |
| I have been thinking about my diet                   |                     |
| I have been planning to make changes                 |                     |
| I have made changes already                          |                     |
| I am maintaining changes I’ve made                   |                     |
| I struggle to make or maintain change                |                     |

Hand this completed questionnaire to your Doctor or Nurse and you will get a follow-up questionnaire to take to your Exercise Stress Test.