**Whole Health Training: Self-Efficacy Questionnaire**

**Name:**

**Discipline:**

**Training Level:**

**Date:**

**How much knowledge/understanding of Lifestyle Medicine skills and principles do you feel you have currently?**

0 1 2 3 4 5 6 7 8 9 10

Novice Intermediate Advanced

**How confident are you in your ability to assess patients’ lifestyles and effectively identify areas where change could lead to improvement in physical health?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your ability to provide interventions that may lead to change in patients’ lifestyles?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your knowledge of and ability to engage in health and wellness coaching and apply patient-centered counseling techniques (motivational interviewing, transtheoretical model, etc.)?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your knowledge of and ability to prescribe physical activity?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your knowledge of and ability to counsel on nutrition?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your knowledge of and ability to counsel on stress management?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How confident are you in your knowledge of and ability to counsel on smoking cessation?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very

**How well do you manage your personal health/engage in self-care currently?**

0 1 2 3 4 5 6 7 8 9 10

Not at all Somewhat Very well