VA Boston Healthcare System
1400 VFW Parkway
West Roxbury, MA 02132

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