

## Rating of Health Behavior Change Counseling

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_

### ASSESS/ASK

1. Ask about risk behavior(s) Yes \_\_\_\_\_ No \_\_\_\_\_ Behavior \_\_\_\_\_
2. Assess related risk factors Yes \_\_\_\_\_ No \_\_\_\_\_
3. Assess patients health concerns about the behavior? Yes \_\_\_ No \_\_\_
4. Ask about thing(s) the patient likes the most about the behavior or about the thing(s) the patient will miss the most about changing it? Yes \_\_\_ No \_\_\_
5. Assess the patients willingness to go for intensive treatment for change? Yes \_\_\_ No \_\_\_

### ADVISE:

6. Was direct advice given to change the behavior? Yes \_\_\_ No \_\_\_
7. Was this tailored to the patient's personal health concerns or history ? Yes \_\_\_ No \_\_\_
8. Did the practitioner recommend changing within the next 30 days? Yes \_\_\_ No \_\_\_

### AGREE:

9. Did the practitioner ask if the patient wanted to change? Yes \_\_\_ No \_\_\_
10. Did the practitioner ask on a scale of 1-10,  
How important changing this behavior is to patient? Yes \_\_\_ No \_\_\_  
How able to change does this patient feel? Yes \_\_\_ No \_\_\_

### ASSIST:

11. **Assist:** Did the practitioner help the patient plan the change attempt by:
  - Providing self-help behavior change material. Yes \_\_\_ No \_\_\_
  - Being positive and supportive. Yes \_\_\_ No \_\_\_
  - Reviewing past change attempts and problem solve. Yes \_\_\_ No \_\_\_
  - Reviewing what is change will be like/skills build. Yes \_\_\_ No \_\_\_
  - Recommend asking for support from others. Yes \_\_\_ No \_\_\_
  - Prescribing medications. Yes \_\_\_ No \_\_\_ Not applicable \_\_\_

### ARRANGE:

12. Did the practitioner recommend follow-up contact with the patient within 4 weeks of behavior change attempt? Yes \_\_\_ No \_\_\_