

READINESS TO CHANGE CLINICAL PRACTICE

Name:

We are interested to know how you feel about changing your clinical practice at the moment. There is no right or wrong answer. Just read the description and **check the box** that most sounds like how you have feel right now. The specific clinical practice we wish you to think about is: use of outcome measures

Choose one box only

I am not really thinking about making significant changes in my clinical practice at the moment.

I am concerned with other issues and can't think about changing my practice at the moment.

I am thinking about changing my clinical practice, but I have not made any specific plans

I am thinking about changing my clinical practice, but I feel that the time is not right.

I have started making plans about changing my clinical practice.

I have started testing different options for change in my clinical practice

I have discussed changing my clinical practice with my supervisor and/or colleagues.

I have a specific date when the changes in my clinical practice will occur.

I have made necessary changes in processes, documents, staff training etc. for changes in clinical practice to be implemented

I have already changed my clinical practice

I routinely use my new practice in day-to-day interactions with patients.

AND it is going well Yes No