Health Coaching Questionnaire
(please print)

Name: ____________________________________________________________

Nickname: _________________________________________________________

Date of Birth: _______________________________________________________

Telephone Number: __________________________________________________

Cell Phone Number: _________________________________________________

Email Address: _______________________________________________________

Best time/day to contact you:

Sunday ___________________ Monday ___________________
Tuesday ___________________ Wednesday ___________________
Thursday ___________________ Friday ___________________
Saturday ___________________

Current weight: __________ Desired weight: __________
Current height: __________ Blood pressure: __________
Cholesterol: __________ Blood Sugar: __________
We all possess the answers within; some of us just need help obtaining them.

Current injuries/pain that prevents you from participating in activities:

Current medications and reason for taking them:

Do you currently have a primary health care provider? What conditions or diseases are you being treated for? (physical, mental or emotional)

Why do you want a health coach/ How can the coach next help you?
Which of the following health related behaviors are you in the process of changing or plan to change in the near future?

For each indicate:  
A. Not interested in change now/No concerns  
B. I may make change  
C. I want or plan to make a change  
D. I am already making changes

**Nutrition**  
**Weight**

**Blood pressure**  
**Cholesterol**

**Blood sugar**  
**Smoking**

**Alcohol**  
**Stress**

**Depression**  
**Physical Activity**

*Other (please list):*

Which health behaviors are your top 2-3 priorities to change?

How will your life/health change when this is improved or changed?
Any additional information you want to share with your coach?
Physical Activity Readiness Questionnaire (PAR-Q)

If you are planning to become more physically active than you are now, start by answering the questions below.

- Has your doctor ever said you have heart trouble?  Y  N

- Is your doctor currently prescribing medication for your blood pressure or heart condition?  Y  N

- Do you frequently suffer from pains in your chest?  Y  N

- Do you often feel faint or have spells of severe dizziness?  Y  N

- Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?  Y  N

- Do you know of any other reason you should not do physical activity?  Y  N

If yes, please share with your Health Coach.

- Are you over age 65 and do not currently have an exercise routine?  Y  N

If you answered YES to any of the above questions, it is recommended you consult your doctor before beginning an exercise program.

Signature________________________________________ Date____________

All information provided is kept strictly confidential between the coach and the client.
If you are doing this on the computer, please either put XXX after your answer or simply delete all the other choices so only your choice is left. Otherwise please circle your answer or write in the appropriate space given.

1. In general, how would you say your current level of health is?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. Compared to one year ago, how would you rate your health now?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

3. How would you rate your satisfaction with your health at this time?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

4. How would you describe your satisfaction with your current level of fitness?
   - Very Good
   - Good
   - Fair
   - Poor

5. How would you describe your current level of stress?
   - Very High
   - Somewhat High
   - Average
   - Somewhat Low
   - Very Low

6. What would you say are the primary stressors in your life at this time?

7. How would you describe your satisfaction with your current eating and nutritional habits?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

8. How would you describe your satisfaction with your current weight?
   - Extremely Satisfied
   - Very Satisfied
   - Satisfied
   - Somewhat Satisfied
   - Dissatisfied
   - Very Dissatisfied

9. How would you describe your current level of satisfaction with your life in general?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

10. How often do you feel relaxed and peaceful?
    - Most of the time
    - Some of the time
    - Rarely
    - Never

11. How often do you feel like you have a lot of energy?
12. How do you usually feel when you first wake up and think about the day ahead?

13. How would you rate the amount of sleep you get? How many hours?_______
   More than enough   Enough for me   Not enough   I rarely get any sleep

14. How would you rate your self-esteem?
   Excellent   Very Good   Good   Fair   Poor

15. Are you a smoker or have you ever smoked? _________________

16. Please rate the following statements on a 0 – 10 scale.

   0 means = I completely DISAGREE
   10 means = I completely AGREE
   NT means = never thought about it

   __ If disease and illness are part of my family history, then I am likely to also experience similar health issues
   __ I am too old to significantly improve my health
   __ I consider myself to be a happy person
   __ My health is affected by my lifestyle
   __ My health is affected by how I think
   __ I tend to be very hard on myself
   __ I believe that as I age my body will degenerate and there’s nothing I can do about that
   __ Gaining and losing weight is only affected by how much I eat and exercise
   __ If I have not been successful in losing or maintaining my desired weight by now, it is not likely I will be completely successful in the future
   __ If and when I see a doctor or other health care practitioner, I consider them to be an expert who usually knows what is best for me
   __ If and when I see a doctor or other health care practitioner, I am comfortable asking questions and taking as much time as I need to understand the answers
   __ I tend to see the best in other people
   __ I believe my genetics (family history) are more indicative of my health than anything I can do
   __ I am an optimistic person
   __ I’m sure that I can achieve my health and wellness goals
   __ I am very open to doing things differently if I think it may positively affect my health
I can’t seriously improve my health, but I can do my best to maintain the level of health I currently have

Goals and Perspectives

1. In which areas of your life would you like to make changes? Please check all that apply:

   - Physical Activity and Exercise
   - Disease Management
   - Weight Management
   - Stress Management
   - Increase Energy
   - Healthy Eating/Nutrition
   - Improve Relationships
   - Improve/Organize Physical Environment
   - Home/Work Balance
   - Experience Life as More Meaningful
   - More Creative/Satisfying Outlets
   - Other
   - Other
   - Other

2. If you selected OTHER in the question above, please elaborate as much as you can.

Please answer these questions for your #1 goal:

3. Why is this goal important to you? How do you think your life will be different once you accomplish this goal? How do you think you will feel?

4. And what specifically, if anything, have you done in the past to try and reach this goal? How has that worked for you? If you’ve tried multiple things, please feel free to elaborate.
5. Which statement below best describes the current stage you are in relative to reaching this goal.

- My doctor/health care person said I better do this so I guess I have to
- Someone close to me thinks I should make this change.
- I just started thinking about it in the last month or less, but haven’t been ready to take action.
- I’ve been thinking about it for a couple of months or more, but haven’t been ready to take action.
- I’m ready to take action and have no idea where to start.
- I’m ready to take action and have some thoughts about where to begin.
- I have been actively working towards this goal for less than three months.
- I have been actively working towards this goal for 3 months or more.
- I feel like I’ve been working on this goal for years but have not made any lasting progress.

6. Do you have another person or group of people that might be a support person to you in achieving your number one priority? Who might that be and how do you think they can support you?

7. Please briefly describe a typical day during the week.

8. What is your favorite part of the typical day you described above?

9. What is your least favorite part of your typical day?

10. What 3 positive qualities would you like to develop?
11. If money and time were not relevant, how would you most like to spend your time?

12. What major transitions are you going through, if any? (for example, new job, new relationship, a new residence, a new role, entering or approaching a new decade, change in children’s ages/stages, etc.)

13. List 5 (or more) things that you are tolerating or putting up with in your life at present (examples: info you can’t find, clutter, rude friends, poor lighting, broken equipment, tight shoes, etc.)

14. What are your 3 major concerns/fears about yourself (if any)?

15. Which statement best describes how often one or more of these concerns/fears come up for you?

   Rarely       Occasionally       Frequently

16. What energizes you? What depletes your energy?
17. If you were to reward yourself, how might you do that? List as many things as you like?

**Coaching and You**

1. Have you ever worked with a professional coach before or been in a similar one-on-one adult relationship (e.g. personal trainer, piano teacher, etc.)?

2. If yes, what worked well for you and what did not work in the relationship(s)?

3. What types of approaches discourage you or take away motivation?

4. Do you enjoy self-assessments and improvement programs?

5. Do you have any concerns or reservations about working with a coach?

6. Here are some coaching styles: Which appeal to you? Please check as many as you would like.

   ______ Brainstorming strategies together
   ______ Support, encouragement and validation
   ______ Insight into who you are and your potential
   ______ Painting a vision of what you can become or accomplish
   ______ Exploring and removing blocks and obstacles to your success
   ______ Accountability; checking up on goals
After completing this form, please email or fax it back to me. If you want to return it by email, simply cut and paste the entire document into an email or send it as an attached MS Word document. Thank you!