Wellness Coaching Assessment Form

Name: ____________________________________________

1. I want to address the following areas with my coach
(check up to five areas, rate from most important to least important):
   ___ Improve energy
   ___ Improve productivity
   ___ Increase physical activity
   ___ Lose weight
   ___ Maintain current weight
   ___ Improve eating habits
   ___ Improve health risks or medical conditions
   ___ Reduce need for medication
   ___ Improve sleep
   ___ Improve work/school/life balance
   ___ Manage stress better or reduce stress
   ___ Improve personal relationships

2. How often are you physically active, on average, per week?
   (physical activity is defined as continuously moving your body 15 minutes or more)
   o 6-7 times per week
   o 4-5 times per week
   o 2-3 times per week
   o 1-2 times per week

3. Rate the importance to me of regular physical activity:
   1 (Not at all important) and 10 (Most important thing in my life)
   1 2 3 4 5 6 7 8 9 10

4. My readiness to make changes or improvements to reach or sustain regular physical activity:
   o I am already maintaining good physical activity levels consistently (6 mos. +)
   o I recently starting working on this
   o I am planning on changing this month
   o I am planning a change to start in the next 6 months
   o I have no present interest in making a change

5. My confidence level in my ability to reach and sustain regular physical activity
   1 (lowest confidence) and 10 (highest confidence)
   1 2 3 4 4 6 7 8 9 10

6. Do you have any limitations in exercising?
   YES        NO
7. How often do you eat breakfast (more than just a roll and cup of coffee)?
   - I eat breakfast every day
   - I eat breakfast most mornings
   - I eat breakfast 2-3 times per week
   - I seldom or never eat breakfast

8. How often do you eat “junk” snack foods between meals?
   Ex. Pastries, candy, ice cream, cookies
   - Three or more times per day
   - Eat mostly the high fat foods
   - Eat both about the same
   - Eat mostly low fat foods, some high fat
   - Eat only low fat foods

9. How many servings of fruits and vegetables do you eat daily?
   A serving is: 1 cup fresh, ½ cup cooked, 1 medium fruit, or ¾ cup juice
   - One or less
   - Two daily
   - Three daily
   - Four daily
   - Five or more

10. How many 8 ounce glasses of water do you drink on average per day?
    - None
    - 1-2 glasses
    - 3-5 glasses
    - 6-8 glasses

11. How many 8 ounce glasses of soft drinks do you drink on an average per day?
    - Seldom or never
    - 1-2 glasses
    - 3-5 glasses
    - 5 or more

12. Rate the importance to me of consuming healthy food and drinks most of the time:
    1 (not very important) and 10 (very important)
    1 2 3 4 5 6 7 8 9 10

13. How well do you feel you are coping with your current stress load?
    - Feeling unable to cope anymore
    - Often have trouble coping
    - Have trouble coping at times
    - Coping fairly well
    - Coping very well

14. How many hours of sleep do you get on average?
    - Less than 6
    - 6-7 hours
    - 7-8 hours
    - 8-9 or more
15. During the past 4 weeks, to what extent have you accomplished less than you would have liked in your work or other daily activities as a result of emotional issues, such as feeling depressed or anxious?
   - Extremely
   - Quite a bit
   - Moderately
   - Slightly
   - None at all

16. The next questions are about how you feel things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

   1. None of the time
   2. A little of the time
   3. Some of the time
   4. A good bit of the time
   5. All the time

   How much of the time during the past four weeks have you felt calm and peaceful?
   1 2 3 4 5

   How much of the time during the past four weeks did you have a lot of energy?
   1 2 3 4 5

   How much of the time during the past four weeks have you been a happy person?
   1 2 3 4 5

   How much of the time during the past four weeks did you take the time to relax and have fun daily?
   1 2 3 4 5

   How much of the time during the past four weeks did you feel confident and capable?
   1 2 3 4 5

Do you have any questions? Or is there something else you want your coach to know?