Wellness Coaching Assessment Form

Nam	e:											
					•	as with i to least im	-					
	Impro	ve ener	gy									
	Impro	ve prod	luctivity									
	Increa	se phys	sical ac	tivity								
	_ Lose	weight	t									
	_ Main	tain cur	rrent we	eight								
	_ Impro	ve eati	ng habi	ts								
	_ Impro	ve hea	Ith risks	or med	dical co	nditions						
	_ Redu	ice nee	ed for m	edicatio	n							
	Improve sleep											
	_ Impr	ove wo	rk/scho	ol/life ba	alance							
	_ Mana	age stre	ess bett	er or re	duce s	tress						
	_ Impr	ove per	sonal re	elations	hips							
3. R	6-7 ti 4-5 ti 2-3 ti 1-2 ti	mes pe mes pe mes pe mes pe import	er week er week er week er week	o me of	[†] regula	g your boo a r physi ng in my lii	cal act		more)			
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: I am already maintaining good physical activity levels consistently (6 mos. +) I recently starting working on this I am planning on changing this month I am planning a change to start in the next 6 months 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 (10w	2	3	4	4	6	7	8	9	10			
6. D	o you h		ny limita	ations i	in exer	cising?						

7.	0 I 00 I 0	often do y eat breakf eat breakf eat breakf seldom or	ast ever ast mos ast 2-3 t	ry day t mornin times pe	gs r week		just a ı	roll and	cup of co	ffee)?	
	Pastrie O T O E O E	often do y s, candy, ice hree or mo at mostly f at both ab at mostly l at only lov	e cream, or ore time the high out the low fat fo	sookies s per da fat food same oods, so	y s		etween	ı meals	?		
	erving is O T T F	many serves: 1 cup fresone or lessowo daily hree daily our daily ive or mor	h, ½ cup o			_	-		aily?		
10	N13	many 8 cone one -2 glasses -5 glasses -8 glasses		lasses	of wate	er do yo	ou drinl	c on ave	erage per d	lay?	
11	S1-3-	eldom or r eldom or r 2 glasses 5 glasses or more	never	lasses (of soft	drinks	do you	drink (on an avera	age per d	ay?
		the impo important) a				uming l	nealthy	food a	nd drinks I	most of t	he time:
1 13	2 . How		4 ou feel	5 you are	6 copin	7 g with	8 your cı	9 urrent s	10 tress load	?	
	FCOCOCHow	eeling una often have lave troub coping fair coping ver many ho ess than 6	able to of trouble le copin ly well y well purs of s	cope any coping g at time	rmore						
	6-7-	-7 hours -8 hours -9 or more									

	0	Extre	mely														
	0	Quite	a bit														
	0	Mode	rately														
	0	Slight	•														
	0	None	•														
16.	Th	e nex	t auesti	ions are	about	how vo	u fee	l things	have b	een v	with v	ou dui	rina th	ne pa	ast 4 v	veeks.	For
			-			-		_	s closes		-		_				
		of the t		_	e of the t			me of the				it of the			All the tir	_	
		How r	much of	the time	durina	the pas	t four	weeks	have you	u felt	calm a	and ne	aceful	?			
		1	2	3	4	5	, ioui	Wooko	navo yo	a lolt	ouiiii c	and po	acorai	•			
		How r			•	-	t four	weeks	did you l	have	a lot o	f ener	gy?				
		1	2	3	4	5											
		How r	nuch of	the time	e durina	the pas	st four	weeks	have you	u bee	n a ha	nnv ne	erson?	>			
		1	2	3	4	5						יק נקקי					
															_		
					•	-	t four	weeks	did you t	take t	the tim	e to re	lax an	id ha	ave fur	daily?	•
		1	2	3	4	5											
		How r	nuch of	the time	during	the pas	t four	weeks	did you t	feel c	onfide	nt and	capab	ole?			
		1	2	3	4	5			,				•				
Do	νοι	ı have	anv qu	uestions	? Or i	s there	some	thina e	lse you	want	t vour	coach	ı to kn	าดพ'	?		
	,		, ,					3	•		, ,						

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?