HEALTH COACHING QUESTIONNAIRE

Name: _____ DOB: _____

Address: _____

City: _____State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

On a scale from 1-10, with 10 being the best, how would you rate your happiness in each of the wellness areas below?										
Movement	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Physical Health	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Nutrition	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Stress Levels	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Sleep	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Play	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10
Energy	☐1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐8	☐9	☐ 10

EXERCISE/MOVEMENT

- **What activities do you currently participate in?**

- **If you listed activities above, please indicate the frequency and duration.**

FREQUENCY	DURATION
☐ 1 -2x per week	☐ Less than 15 minutes
☐ 3-4x per week	☐ 16-30 minutes
☐ 4-5x per week	☐ 31-45 minutes
☐ More than 5x per week	☐ More than 45 minutes

- **Are you consistent with this exercise schedule on a weekly basis? ☐ YES ☐ NO**

- **If you answered no, what are some of your barriers?**

- **What activities would you be interested in trying?**

PHYSICAL HEALTH

- **When was the last time you had a physical exam? _____**
- **Were any of these areas a concern for your physician?**

☐ **Blood Pressure**	☐ **Smoking**
☐ **Cholesterol**	☐ **Family History**
☐ **Weight**	☐ **Diabetes**
☐ **Blood Glucose Level**	☐ **Other _____**
☐ **Triglyceride Level**	☐ **Not Applicable**

- **Have you had any major injuries, surgeries, or health conditions that will affect your long-term health and wellness? ☐ YES ☐ NO**
  - **If yes, please describe them:**

NUTRITION

- **Are you happy with your diet right now? ☐ YES ☐ NO**
    - **If no, what would you like to change?**

- **How often do you eat fast food or at restaurants?**

☐ 1 -2x per week
☐ 3-4x per week
☐ 4-5x per week
☐ More than 5x per week

    - **When you do eat out, where do you typically go?**

- **Who normally does the grocery shopping in your house? _____**
- **Describe what a typical daily menu looks like for you:**

Breakfast:

Lunch:

Dinner:

Snacks:

Do you currently use any of the following substances?

Alcohol: ☐ **YES** ☐ **NO** **If yes, how often?** _____

Tobacco: ☐ **YES** ☐ **NO** **If yes, how often?** _____

Marijuana: ☐ **YES** ☐ **NO** **If yes, how often?** _____

Other: _____ **If yes, how often?** _____

STRESS LEVELS

- **How would you describe your current stress level?**

☐ NONE	☐ LOW	☐ MEDIUM LOW	☐ MEDIUM	☐ HIGH	☐VERY LOW

- **What is contributing to your current stress?**

- **In what ways do you currently manage your stress?**

SLEEP

- **How many hours of sleep do you get each night?**

☐ 1-2 hrs	☐ 3-4 hrs	☐ 5-6 hrs	☐ 7-8 hrs	☐ 9 or more hrs

PLAY

- **What activities help you unwind and separate from work?**

- **What are some ways that you "treat" yourself that do not involve food or substances?**

Health Coaching Questionnaire: 1816

ENERGY/VITALITY

- **How would you describe your energy levels?**

☐ LOW	☐ MEDIUM	☐ HIGH

- **When does your energy peak?**

- **When does your energy dip?**

I, _____, understand that a community health worker is not a psychologist or psychiatrist and they do not diagnose, prescribe, or in any other way take the place of a medical or mental health provider. I understand that it is my responsibility to inform my medical or health care provider whenever I have a change in my health status or when I have concerns of my health status.

I understand that all information I provided will be kept confidential. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program, and I acknowledge I am doing so at my own risk. I understand that I am not obligated to perform, nor participate in any activity or recommendation given by the WISEWOMAN Program. If I chose to undertake any suggestions or advice given, I am doing so of my own volition.

I agree that the WISEWOMAN program shall not be liable or responsible for any injuries to me or health concerns, resulting from following any of their recommendations or suggestions, and I expressly release and discharge the WISEWOMAN program its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with their recommendations, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I agree to voluntarily give up any right that I may otherwise have to bring a legal action against the wellness coach and personal trainer for negligence, or any other personal injury or property damage or loss action.

Client Signature _____

Client Printed Name _____

Date _____/_____/_____