



## Well-Being Assessment Form

All questions contained in this questionnaire are strictly confidential.

Client Name:		M	F		Date:				
Height (inches):	Current weight (lbs):				DOB:				
Current body fat % (if available):									
CURRENT HEALTH STATUS									
In general, I rate my overall health as: 1. Poor 2. Fair 3. Good 4. Very good 5. Excellent									
I have a primary care provider who I see regularly. 1. Yes 2. No									
My last physical exam was within: A. 5 or more years B. 3-4 years C. 2 years D. one year									
PRIORITIES FOR COACHING									
Improve well-being (health & happiness)			Improve health risks or medical conditions						
Improve energy			Reduce need for medication						
Increase muscle mass			Improve work/life balance						
Increase physical activity			Improve sleep						
Manage or prevent injury			Manage stress better or reduce						
Lose weight			Reduce inflammation						
Manage or maintain current weight			Improve athletic performance						
Improve eating habits			Improve life satisfaction						
SOCIAL HISTORY									
ALCOHOL									
How many drinks of EACH alcoholic beverage do you have in a typical week?									
One drink is			Enter 0 if none						
1. 1 Glass of wine (5oz)			1. Glasses of wine per week:						
2. 1 Can or bottle of beer (12 oz.)			2. Beers per week:						
3. 1 Can or bottle of wine cooler (12 oz.)			3. Wine cooler per week:						
4. 1 Mixed drink or shot (1.5 oz. 80 proof liquor)			4. Liquor (shots, cocktails) per week:						
Select the statement that best represents your plans about drinking alcohol									
1. I am already maintaining good life satisfaction consistently (6 mos. +)			2. I recently started working on this						
3. I am planning a change this month			4. I am planning a change to start in the next 6 months						
5. I have no present interest in making a change									
My confidence level to make changes or improvements in managing my alcohol use: 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now									
1	2	3	4	5	6	7	8	9	10

TOBACCO USE										
Do you or have you ever used Tobacco?										
Yes      Number of years:					No      Or years quit:					
Cigarette's - Number of Cigarette's per day:			Cigars - Number of Cigars per day:			Smokeless Tobacco - Number Type/Method per day:				
Select the statement that best represents your plans about tobacco use										
1. I am already maintaining good life satisfaction consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level to make changes or improvements in managing my tobacco use: 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	
HEALTH										
My readiness to make changes or improvements in managing my health										
1. I am already maintaining good life satisfaction consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level to make changes or improvements in managing my health: 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	
WEIGHT MANAGEMENT										
My readiness to make changes or improvements to reach and sustain a healthy weight										
1. I am already maintaining good life satisfaction consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level in my ability to reach and sustain a healthy weight is 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	
PHYSICAL ACTIVITY										
My readiness to make changes or improvements to reach and sustain regular physical activity										
1. I am already maintaining good life satisfaction consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level in my ability to reach and sustain regular physical activity: 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	

NUTRITION										
My readiness to make changes or improvements to consume healthy food and drinks										
1. I am already maintaining consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level in my ability to consume healthy food and drinks most of the time is: 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	
LIFE SATISFACTION										
My readiness to make changes or improvements in my life satisfaction										
1. I am already maintaining good life satisfaction consistently (6 mos. +)					2. I recently started working on this					
3. I am planning a change this month					4. I am planning a change to start in the next 6 months					
5. I have no present interest in making a change										
My confidence level in my ability to reach and sustain a high level of life satisfaction is 1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now										
1	2	3	4	5	6	7	8	9	10	
ENERGY										
<b>Best:</b> My energy is high, I am vigorous, and I am able to perform at my best			<b>Average:</b> My energy is good and I am able to accomplish what needs to get done			<b>Low:</b> My energy is low and it's hard to accomplish what needs to get don				
In a typical work-day what percentage of the time are you at various levels of energy (physical and mental vigor or vitality) (all three add up to 100%)					When you are not working what percentage of the time are you at (all three add up to 100%)					
Best energy			%		Best energy			%		
Average energy			%		Average energy			%		
Low energy			____%		Low energy			____%		
100%					100%					
<b>Energy drains:</b> Check the top 3 things that drain your energy					<b>Energy boosters:</b> Check the top 3 things that boost your energy					
1. Poor or insufficient sleep					1. Healthy sleep					
2. Too little exercise					2. Regular exercise					
3. Unhealthy eating habits					3. Healthy eating habits					
4. Stress					4. Stress management, relaxation, or fun activities					
5. Weight management issues					5. Healthy mindset					
6. Physical health issues					6. Healthy family and personal relationships					
7. Pessimism or emotional issues					7. Healthy work relationships					
8. Work issues					8. Maintaining healthy weight					
9. Family or relationship issues					9. Maintaining good physical health					
10. Financial issues					10. Job satisfaction					
11. Other – describe					11. Healthy finances					
					12. Other – describe					

My readiness to make changes or improvements in my energy levels									
1. I am already maintaining good life satisfaction consistently (6 mos. +)	2. I recently started working on this								
3. I am planning a change this month	4. I am planning a change to start in the next 6 months								
5. I have no present interest in making a change									
<b>My confidence level in my ability to reach and sustain my best energy levels at least 50% of the time is 1 - 10 (highest level)</b> <i>i.e. 1=Not important at all and 10=Most important thing in my life now</i>									
1	2	3	4	5	6	7	8	9	10
<b>FEELINGS</b>									
The next questions are about how you feel things have been with you during the past four weeks									
For each question, please give the one answer that comes the closest to the way you have been feeling									
How much of the time during the past four weeks									
<b>Your feeling during the last 4 weeks</b>	<b>1 None of the time</b>	<b>2 A little of the time</b>	<b>3 Some of the time</b>	<b>4 A good bit of the time</b>	<b>5 All of the time</b>				
A. Have you felt calm and peaceful?									
B. Did you have a lot of energy?									
C. Have you been a happy person?									
D. Did you take the time to relax and have fun daily?									
E. Have you felt downhearted or blue?									
F. Have you felt worthless, inadequate, or unimportant?									
<b>My readiness to make changes or improvements to reach and sustain optimal mental and emotional fitness is</b>									
1. I am already maintaining good life satisfaction consistently (6 mos. +)	2. I recently started working on this								
3. I am planning a change this month	4. I am planning a change to start in the next 6 months								
5. I have no present interest in making a change									
<b>My confidence level in my ability to reach and sustain optimal mental and emotional fitness (managing stress, emotions well and maintaining a positive mindset)</b> <b>1 - 10 (highest level) i.e. 1=Not important at all and 10=Most important thing in my life now</b>									
1	2	3	4	5	6	7	8	9	10



**How much time are you willing to spend on your nutrition/wellness plan each week? What is reasonable and feasible for you?**

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**Food allergies (yes/no)? If so, please list.**

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**Food dislikes? Please list**

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**Food preferences? Please list. (example, please include your preferred eating style. Do you tend towards vegetarian? Do you prefer gluten-free? Are you a big meat-eater?)**

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**Meal timing: do you have preferences around this? (example, is it reasonable to have a breakfast every day? Do you find yourself skipping meals?)**

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**Please describe your current physical activity, if any (include amount of time spent, type of activity/exercise, intensity).**

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