



YMCA George Wellbeing Center Health and Wellbeing Coaching Foundation Session

Please take time to answer this questionnaire and submit to your Health and Wellbeing Coach at least 24 hours before your appointment. Thank you.

First _____ M.I. _____ Last _____

Birthdate ____/____/____ I am 18 Years of age or older Date _____

LIFESTYLE

Do you have a health and wellbeing accountability partner(s)? If yes, explain.

Describe your current health and wellbeing goals:

- 1 _____
- 2 _____
- 3 _____

Describe any providers currently supporting your health and wellbeing. (doctors, nutritionists, physical therapists, personal trainers, movement specialists, therapists, coaches, acupuncturists, homeopaths, naturopaths, or other healing specialists)

FOOD

Rate the quality of your food choices? (10=high) Low 1 2 3 4 5 6 7 8 9 10 High

Are you currently following or have you ever followed a special food plan for health reasons or otherwise? Yes No

If yes, describe plan. _____

Rate your motivation level (10=high) Low 1 2 3 4 5 6 7 8 9 10 High

MOVEMENT

Do you engage in movement practices/exercise? Yes No

If yes, describe movement and how often _____

If yes, how many average times per week? 1 2 3 4 5 6 7 8 9 10

SLEEP

How many hours of sleep do you average per night? 1 2 3 4 5 6 7 8 9 10

Rate your quality of sleep (10=high) Low 1 2 3 4 5 6 7 8 9 10 High

STRESS & ENERGY

Rate the level of chronic stress in your life (10=high) Low 1 2 3 4 5 6 7 8 9 10 High

What are your practices/activities for managing stress? _____

Rate your typical energy level (10=high) Low 1 2 3 4 5 6 7 8 9 10 High

Rate your typical mood (10=positive) Negative 1 2 3 4 5 6 7 8 9 10 Positive

Please describe (positive, driven, anxious, angry, sad, etc.) _____

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STRESS & ENERGY [CONTINUED]

Describe current sources of chronic stress, including ongoing stressors and recent stressors in your life:

Describe past stressful life experiences, events or conditions (history with physical conditions, addiction, or mental/emotional health concerns):

COMMITMENT

Describe what the changes you would make in your life if there were no limitations:

What strengths do you bring to the coaching process? _____

How ready, willing and able are you to make changes in your life? _____

- Not Motivated to Change Considering Changes Preparing to Make Changes Actively Making Changes
- Sustaining Changes Made

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH YOUR PROVIDER?

Client Signature _____ Date _____

Parent/Guardian Name _____
(please print)

Parent/Guardian Signature _____ Date _____