

WELLNESS WELL BEING ASSESSMENT



Welcome to the Panther Wellness Coaching Program!

We have created this well-being assessment to give your coach a general feel for where you are at health and wellness-wise at the outset of your coaching program, to inform your coach of any health issues and/or limitations, and to direct your coach to what you most hope to gain from your coaching experience. This assessment may also be used to evaluate the effectiveness of your coaching program and your progress, by comparing it to feedback at a later date, if appropriate.

Please note that Panther and your coach treat all of your personal information, including your name, your email address, and your correspondence with us, as private and confidential.

CONTACT INFORMATION

First Name _____ Last Name _____

Birth Date (mm/dd/yyyy) _____ Sex (M/F) _____

Relationship (Single, Married, Separated, Divorced, or Committed) _____

Children (# and ages) _____

Occupation _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

PRIORITIES FOR WELLNESS COACHING

(Check all that apply)

Energy

Stress Management

Exercise

Life Balance

Nutrition

Life Satisfaction

Weight

Health Issues

Sleep

ENERGY

How satisfied are you with your energy levels, in general, on a scale of 1-10 (10 being very satisfied)? _____

Describe your energy level throughout your average workday.

Describe your energy on a typical weekend day.

What else is significant to you about your energy levels?

EXERCISE

Rate your current exercise efforts on a scale of 1-10. _____

Describe your current level of exercise during a typical week.

Describe any current limitations that affect your exercise (injuries, illness, medical condition).

What are your favorite athletic and/or recreational activities?

NUTRITION

Rate your diet on a scale of 1-10 (10 is a very clean, nutrient-dense diet). _____

Areas where you are doing well with your nutrition.

Areas you wish to improve with your nutrition.

WEIGHT

What is your height? _____

What is your current weight? _____

On a scale of 1-10, how satisfied are you with your current weight? _____

SLEEP

How many hours of sleep do you get per night? _____

Describe the quality of your sleep.

STRESS MANAGEMENT

How would you rate your stress level on a scale of 1-10 (10 being extremely stressed)? _____

What are your biggest life stressors?

What are your best stress relievers?

LIFE BALANCE

How would you rate your work/life balance on a scale of 1-10
(10 meaning you easily make time for the relationships and activities you enjoy)? _____

What improvements would you like to make regarding your work/life balance:

LIFE SATISFACTION

How would you rate your life satisfaction on a scale of 1-10 (10 being a very richly satisfying life)? _____

Comments about your life satisfaction.

HEALTH ISSUES

Please list any significant health issues you suffer from.

List any injuries (past or current) or conditions that would limit an exercise program.

Do you have any significant vices or habits that are detrimental to your health?

WANTS

What are you hoping to get out of Wellness Coaching?

What is most important to you right now regarding your health and wellness?

What else do you want your coach to know?