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## Wellness Coaching Assessment Form

Hello and Welcome! My name is Laura and I am thrilled to be your Wellness Coach. This well-being assessment will help us evaluate the effectiveness of your coaching program and your progress. It will also help focus our first session. Please note that I treat all of your personal information, including your name, your email address, your correspondence with me, as private and confidential.

**First Name**

**Last Name**

**Email**

**Age**

**DOB**

**Telephone**

**I want to address the following areas with my coach (check up to five areas):**

Improve energy

Improve productivity

Increase physical activity

Lose weight

Maintain current weight

Improve eating habits

Improve health risks or medical conditions

Reduce need for medication

Improve sleep

Improve work/school/life balance

Manage stress better or reduce stress

Improve personal relationships

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## **ENERGY**

**Often/Sometimes/Rarely/Never:** In a typical work-day, my energy is high, I am vigorous, and I am able to perform at my best.

**Often/Sometimes/Rarely/Never:** When not working, my energy is high, I am vigorous, and I am able to perform at my best.

### **ENERGY BOOSTERS - I experience the following energy boosters in my life:**

- Y/N Healthy sleep
- Y/N Regular exercise
- Y/N Healthy eating habits
- Y/N Stress management, relaxation, or fun activities
- Y/N Maintaining healthy weight
- Y/N Maintaining good physical health
- Y/N Healthy mindset
- Y/N Healthy work relationship
- Y/N Healthy family and personal relationship
- Y/N Healthy Finances
- Y/N Job satisfaction
- Y/N Spiritual activities and practices
- Y/N Other —Describe

### **ENERGY DRAINS - I experience the following energy drains in my life:**

- Y/N Poor or insufficient sleep
- Y/N Too little exercise
- Y/N Unhealthy eating habits
- Y/N Stress
- Y/N Weight management issues
- Y/N Physical health issues
- Y/N Pessimism or emotional issues
- Y/N Work relationship issues
- Y/N Family and relationship issues
- Y/N Job issues
- Y/N Lack of Spirituality
- Y/N Other— Describe

**Readiness for Change:** My readiness to make changes or improvements in my energy level (circle one):

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- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. plan to change this month
- d. recently started doing this
- e. already do this consistently (for more than 6 months)

**High/Medium/ Low:** My confidence in my ability to make positive change regarding my energy level.

**High/Medium/ Low:** My priority for making change in the area of energy.

### **SLEEP AND STRESS MANAGEMENT**

#### **Sleep**

**Often/Sometimes/Rarely/Never:** I get 7-8 hours of sleep at night.

#### **Stress**

**Often/Sometimes/Rarely/Never:** Minor problems throw me for a loop.

**Often/Sometimes/Rarely/Never:** I find it difficult to get along with people I used to enjoy

**Often/Sometimes/Rarely/Never:** Nothing seems to give me pleasure anyone.

**Often/Sometimes/Rarely/Never:** I am unable to stop thinking about my problems

**Often/Sometimes/Rarely/Never:** I feel frustrated, impatient, or angry much of the time.

**Often/Sometimes/Rarely/Never:** I experience feelings of tension and anxiety.

**Yes/No:** I am coping well with my current stress load.

**Often/Sometimes/Rarely/Never:** During the past month, I have accomplished less than I would like in my work or other daily activities as a result of emotional issues, such as feeling depressed or anxious.

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**Often/Sometimes/Rarely/Never:** During the past month, my physical health or emotional issues have interfered with my normal social activities with family, friends, neighbors, or groups.

**Yes/No:** I have suffered a personal loss or misfortune in the past year. (For example: a job loss, disability, divorce, separation, or the death of someone close to you.) If more than one loss or misfortune, indicate number \_\_\_\_\_

**Yes/No:** I have friends and/or family with whom I can share problems and get help if needed.

### **Feelings**

**Often/Sometimes/Rarely/Never:** I feel calm and peaceful.

**Often/Sometimes/Rarely/Never:** I have a lot of energy

**Often/Sometimes/Rarely/Never:** I am a happy person.

**Often/Sometimes/Rarely/Never:** I take the time to relax and have fun daily

**Often/Sometimes/Rarely/Never:** I feel downhearted or blues

**Often/Sometimes/Rarely/Never:** I feel worthless, inadequate or unimportant.

**Readiness for Change:** My readiness to make changes or improvements in my stress level ( circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently ( for more than 6 months)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my stress level.

**High/Medium/Low:** My priority for making change in the area of stress.

### **LIFE SATISFACTION**

**Often/Sometimes/Rarely/Never:** I feel a strong sense of purpose in life.

**Often/Sometimes/Rarely/Never:** I feel a deep satisfaction or joy in my life.

**Often/Sometimes/Rarely/Never:** I feel grateful and appreciative for what I have.

**Often/Sometimes/Rarely/Never:** I am satisfied with my job.

**Often/Sometimes/Rarely/Never:** I feel optimistic about the future.

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**Readiness for Change:** My readiness to make changes or improvements in my life satisfaction (circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently (for more than 6 months)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my life satisfaction.

**High/Medium/Low:** My priority for making change in the area of my life satisfaction.

## **LIFE BALANCE**

**Often/Sometimes/Rarely/Never:** I maintain a comfortable balance between work, family, friends and self.

**The area that I would most like to have more time for is:**

\_\_\_\_\_ **Work**  
\_\_\_\_\_ **Family**  
\_\_\_\_\_ **Friends**  
\_\_\_\_\_ **Self**

**Readiness for Change:** My readiness to make changes or improvements in my life balance (circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently (for more than 6 months)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my life balance.

**High/Medium/Low:** My priority for making change in the area of my life balance.

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## **WEIGHT**

HEIGHT in inches (without shoes):

WEIGHT in pounds (without shoes):

\_\_\_\_\_ Current  
\_\_\_\_\_ 1 year ago  
\_\_\_\_\_ 2 years ago  
\_\_\_\_\_ 5 years ago  
\_\_\_\_\_ 10 years ago

BMI

\_\_\_\_\_

WAIST MEASUREMENT in inches \_\_\_\_\_

I have utilized the following weight management program in the last 10 years:  
(Describe)

**Readiness for Change:** My readiness to make changes or improvements in my weight (circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently (for more than 6 months)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my weight.

**High/Medium/Low:** My priority for making change in the area of my weight.

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## **EXERCISE**

I engage (how many) **days per week** in each the following ( indicate number of days):

\_\_\_\_\_ Aerobic exercises- At least 20 minutes of **vigorous intensity** activity( fitness walking, cycling,jogging, swimming, aerobic dance, active sports) (3 or more days desirable) OR at least 30 minutes of **moderate intensity** activity ( 5 or more days desirable).

\_\_\_\_\_ Strength exercises- At least 10 minutes of strength -building exercises ( such as sit ups, push ups, or use strength -training equipment) (2-3 days desirable)

\_\_\_\_\_ Flexibility or stretching exercises - At least 5 minutes to improve flexibility of your back,neck,shoulders and legs (3 days desirable)

I currently have the following limitations on physical activity, if any (e.g., injuries, illnesses, medical conditions):

I Previously had the following limitations on physical activity, if any, over the last 5 years:

**Readiness for Change:** My readiness to make changes or improvements in my level of exercise (circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently (for more than 6 months)

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**High/Medium/Low:** My confidence in my ability to make a positive change regarding my level of exercise.

**High/Medium/Low:** My priority for making change in the area of my area of exercise.

## NUTRITION

**Often/Sometimes/Rarely/Never:** I eat a full breakfast each day.

**Often/Sometimes/Rarely/Never:** I eat “junk” snack foods between meals (e.g., chips, pastries, candies, ice cream, cookies).

**Often/Sometimes/Rarely/Never:** I eat **high fat** food ( such as hamburgers, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, butter, cakes, pastries, ice cream, chocolates, fried foods, and many fast foods).

**Often/Sometimes/Rarely/Never:** I eat **low fat** food ( such as lean meats, skinless poultry, fish, skim milk, low fat dairy products, fruit desserts, vegetables, pasta legumes [peas and beans]).

**Often/Sometimes/Rarely/Never:** I consume **trans fats**. (Commonly listed as “partially hydrogenated vegetable oil” on food labels)

**Often/Sometimes/Rarely/Never:** I eat **refined grain** (such as white bread, rolls, regular pancakes and waffles, white rice, typical breakfast cereals, typical baked goods).

**Often/Sometimes/Rarely/Never:** I eat **whole grain** ( such as whole grain bread, brown rice, oatmeal, whole grain or high fiber cereals).

**Often/Sometimes/Rarely/Never:** I eat 5 servings of **fruits and vegetables** daily.

**Often/Sometimes/Rarely/Never:** I drink eight 8-ounce glasses of **water** daily (8 desirable).

**Often/Sometimes/Rarely/Never:** I drink **non-diet soft drinks** daily

**Often/Sometimes/Rarely/Never:** I drink ( how many) **alcoholic drinks per weekday** (1 ounce liquor, 12 ounces liquor, 12 ounces beer, 4 ounces wine):\_\_\_\_\_ (enter number of alcoholic drinks per weekday).



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**Often/Sometimes/Rarely/Never:** I drink ( how many) **alcoholic drinks per weekday** (1 ounce liquor, 12 ounces liquor, 12 ounces beer, 4 ounces wine):\_\_\_\_\_ (enter number of alcoholic drinks per weekend).

**Readiness for Change:** My readiness to make changes or improvements in my nutrition (circle one):

- a. No present interest in making a change
- b. Plan a change in the next 6 months
- c. Plan to change this month
- d. Recently started doing this
- e. Already do this consistently (for more than 6 months)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my nutrition.

### **HEALTH ISSUES**

**True or False:** In general, my overall health is excellent.

### **BLOOD PRESSURE:**

\_\_\_\_\_ **Systolic (high number) (<120 desirable)**

\_\_\_\_\_ **Diastolic (low number) (<80 desirable)**

### **Blood Lipids (Fasting):**

\_\_\_\_\_ **Total Cholesterol**

\_\_\_\_\_ **HDL (good) (>40 men, >50 women desirable)**

\_\_\_\_\_ **LDL (Bad) (<130 desirable)**

\_\_\_\_\_ **Triglycerides (<150 desirable)**

### **BLOOD GLUCOSE (FASTING)**

**High/Medium/Low:** My priority for making change in the area of my nutrition.

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- Y/N Healthy sleep
- Y/N Regular exercise
- Y/N Healthy eating habits
- Y/N Stress management, relaxation, or fun activities
- Y/N Maintaining healthy weight
- Y/N Maintaining good physical health
- Y/N Healthy mindset
- Y/N Healthy work relationship
- Y/N Healthy family and personal relationship
- Y/N Healthy Finances
- Y/N Job satisfaction
- Y/N Spiritual activities and practices
- Y/N Other – Describe

**Physical activity is defined as continuously moving your body 15 minutes or more.**

- 6 - 7 times per week
- 4 - 5 times per week
- 2 - 3 times per week
- 1 - 2 times per week

**Rate the importance to me of regular physical activity:**

1 (Not at all important) and 10 (Most important thing in my life)

1 2 3 4 5 6 7 8 9 10

**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 started working on this

I am planning a change this month

I am planning a change to start in the next 6 months

I have no present interest in making a change

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**My confidence level in my ability to reach and sustain regular physical activity:**

1 (Not at all important) and 10 (Most important thing in my life)

1 2 3 4 5 6 7 8 9 10

**Do you have any limitations in exercising?**

Ex. sprained ankle, arthritis, injured knee

yes no

**BREAKFAST & SNACKS: How often do you eat breakfast (more than just a roll and cup of coffee)?**

I eat breakfast every day

I eat breakfast most mornings

I eat breakfast 2-3 times per week

I seldom or never eat breakfast

**How often do you eat "junk" snack foods between meals?**

Ex. pastries, candy, ice cream, cookies.

Three or more times per day

Once or twice per day

A few times per week

Seldom or never eat "junk" snack foods

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**FAT INTAKE: Indicate the kinds of food you usually eat**

High fat examples; hamburgers, hot dogs, bologna, steaks, sour cream, cheese, eggs, butter, cake, fried foods, fast foods. Low fat examples; lean meat, skinless poultry, fish, vegetables, pasta, beans.

Nearly always eat the high fat foods

Eat mostly the high fat foods

Eat both about the same

Eat mostly low fat foods, some high fat

Eat only low fat foods

**FRUITS AND VEGETABLES: How many servings of fruits and vegetables do you eat daily?**

A serving is: 1 cup fresh, 1/2 cup cooked, 1 medium fruit, or 3/4 cup juice.

one or less   two daily   three daily   four daily   five or more

**WATER INTAKE: How many 8 ounce glasses of water do you drink on average per day?**

None   1 -2 glasses   3 - 5 glasses   6 - 8 glasses

**SOFT DRINK INTAKE: How many 8 ounce glasses of soft drinks do you drink on average per day?**

Seldom or never   1 -2 glasses   3 - 5 glasses   5 or more

**Rate the importance to me of consuming healthy food and drinks most of the time:**

1 (Not at all important) and 10 (Most important thing in my life)

1 2 3 4 5 6 7 8 9 10

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**My readiness to make changes or improvements in consuming healthy foods and drink.**

I am already maintaining healthy eating habits consistently (6 mos+)

I recently started working on this

I am planning a change this month

I am planning a change to start in the next 6 months

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:**

1 (Not at all important) and 10 (Most important thing in my life)

1 2 3 4 5 6 7 8 9 10

**COPING: How well do you feel you are coping with your current stress load?**

Feeling unable to cope anymore

Often have trouble coping

Have trouble coping at times

Coping fairly well

Coping very well

**SLEEP: How many hours of sleep do you get on average?**

less than 6 - 7 - 8 - 9 or more

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**EMOTIONAL:** 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?

Extremely

Quite abit

Moderately

Slightly

None at all

**FEELINGS:** The next questions are about how you feel things have been with you during the past 4 weeks. For each question, please give the one answer that comes the closest to the way you have been feeling.

1. None of the time
2. A little of the time
3. Some of the time
4. A good bit of the time
5. All of the time

Please answer the next five questions using the 1-5 rating system described above.

**How much of the time during the past four weeks have you felt calm and peaceful?**

1 2 3 4 5

**How much of the time during the past four weeks did you have a lot of energy?**

1 2 3 4 5

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**How much of the time during the past four weeks have you been a happy person?**

1 2 3 4 5

**How much of the time during the past four weeks did you take the time to relax and have fun daily?**

1 2 3 4 5

**How much of the time during the past four weeks did you feel confident and capable.**

1 2 3 4 5

**Do you have any questions? Or is there something else you want your coach to know?**