



## Health Coaching Pre-Evaluation Questionnaire

Kindly fill out the questions and bring in with you to your first visit.

1. Name:
2. What is your definition of health?
3. How would your life be different if you had the body, health, and well-being that you dream of?
4. What is not working in your life right now regarding your health and well-being?
5. What are the three primary results you most want in terms of your health, diet and fitness goals?



## Health Coaching Intake Questionnaire

The following questions are a way to get us started. Don't worry about answering "perfectly." In fact, just writing the first things that come to your mind is most productive. Take as much time as you need to compose your responses. The more detail you provide, the better.

Please email me your responses or drop them off at NutritionWorks Holistic Health at least 24 hours prior to our first session. Thank you and I look forward to our work together!

### **Vitals:**

1. Name:
2. Birthdate:
3. Address:
4. Phone number to reach you:
5. Cell phone number for texting and mobile provider:
6. Best email:

### **Goals:**

7. What are your top five health and wellness goals?
8. What would you like to get out of coaching?
9. If you could tell me the best way to bring out your best, what would you say?

**Current Challenges and Goals:**

10. What challenges are you having in regards to your health and fitness?

11. Are you engaged in any treatments (conventional or alternative) related to any health challenges or issues? If so, please describe.

12. What are the repetitive patterns you have noticed appear again and again in your life when it comes to your health?

**Support System and Significant Events:**

13. I'd like to know about your current support system. Please share more about the practitioners, medical doctors and specialists, nutritionists, therapists, naturopaths, trainers, friends and family who support your health and well-being.

14. Telling me about your past helps put the "puzzle pieces" of your health/fitness journey together. You do not need to write your life story, but perhaps list a few significant events that you feel are relevant.

15. Do you have any significant life events coming up?

**Your Relationship with Yourself:**

16. What is your self-talk like? Do you tend to be kind to yourself or do you tend to be more negative?

17. What are your beliefs about your ability to transform your body?

18. How are you at doing what you say you will do?

**Lifestyle:**

19. What aspects of your home life and environment support your health and fitness?  
What aspects detract from your health and fitness?

20. What aspects of your work life and environment support your health and fitness?  
What aspects detract from your health and fitness?

21. What do you do to reduce stress in your life, or to counteract the effect of stress  
in your life?

22. Please tell me a little about your interests, hobbies, and passions.

**Physical Activity:**

23. How often are you physically active, on average, per week? By physically active I  
mean you are continuously moving your body for 15 minutes or more.

24. Describe your current physical activities in terms of duration and types.

25. Rate the importance of regular physical activity on a scale from 1-10?  
1 - not that important through 10 - most important thing in my life

26. What is your readiness to make changes or improvements in order to reach or  
sustain your regular physical activity on a scale from 1-5?  
1 - not that important through 5 - most important thing in my life

27. Do you have any limitations in movement/exercise?  
(I.e., Arthritis, injured knee, sprained ankle.)

**Diet and Nutrition:**

28. Please list the time and typical things you eat AND DRINK for each of the following meals:

Breakfast:

Lunch:

Dinner:

Snacks:

29. Beverages not with a meal (please be specific about alcohol and coffee/caffeine consumption in terms of how much you have per week):

30. How many glasses of water do you drink per day?

31. Do you smoke?

32. Do you use any recreational drugs?

33. Please list all supplements and herbs you are currently taking, what you are taking them for, and how long you've been taking them.

**Sleep and Stress:**

34. On average, how many hours per night do you sleep?

35. What time do you typically go to bed? Wake up?

36. On a scale from 1 - 5 (5 - being great), how well do you sleep such that you feel rested when you wake up?

37. On a scale from 1 - 5 how would you rate your current stress level?

1 - being not stressed at all through 5 - being very high level of stress/anxiety

**Anything Else: (Digestive issues, IBS, Constipation, food allergies)**

38. Do you have any questions? Or is there something else you want me to know as your coach?

*Note: As your coach, my job is to be an ally and a resource. My job is not to diagnose you or provide treatment. I can help you discover steps you may take towards greater health and higher levels of wellness. If you have needs outside of the scope of wellness coaching, I can refer you to medical, psychological, or other health-related services. I can be a source of support, information, and accountability, helping you to follow through with any treatment plans that you devise with other health professionals.*



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## Health Coaching Disclaimer

I understand and acknowledge that health/wellness coaching is not intended to diagnose, treat, prevent or cure any disease or condition. It is not intended to substitute for the advice, treatment and/or diagnosis of a qualified licensed professional. Trained Health Coaches may not make any medical diagnoses, claims and/or substitute for your personal physician's care. As your health/wellness coach, I do not provide a second opinion or in any way attempt to alter the treatment plans or therapeutic goals/recommendations of your personal physician. It is my role to partner with you to provide ongoing support and accountability as you create an action plan to meet and maintain your health goals.

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Client Print Name

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Client Signature

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Date

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Coach Print Name

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Coach Signature

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Date