

Executive Coaching Survey

Client Name: _____

Date: _____

Typical Issues That Can Affect Wellness

This information will be used to help identify what has worked well for you. It will be helpful in envisioning applications to low score areas you would like to improve.

	Dissatisfied		Neutral		Satisfied
	1	2	3	4	5
Eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage work issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of well being (health & happiness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Traits That May Be Helpful Building Blocks

Reaching wellness, health and fitness goals by building on strength optimizes success.

	Dissatisfied	Satisfied
Self-sufficiency: ability to work with a minimum of direction	<input type="checkbox"/>	<input type="checkbox"/>
High work ethic: work brings satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>
Results oriented.	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance: gets the job done regardless.	<input type="checkbox"/>	<input type="checkbox"/>
Stamina: seldom if ever gives up.	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Typical Wellness, Health, and Fitness Goals

Check areas of interest for goal setting. Checked items will be discussion points for specific goals and targets.

- | | |
|--|--|
| <input type="checkbox"/> Physical fitness & well being | <input type="checkbox"/> Specific medical issues |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Weight & nutrition | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sleep habits | |
| <input type="checkbox"/> Depression or anxiety | |
| <input type="checkbox"/> Physical activity | |
| <input type="checkbox"/> Sports related conditioning | |
| <input type="checkbox"/> Alcohol or drug issues | |
| <input type="checkbox"/> Tobacco use | |

Personal Information

Current physical activity limitations (i.e. medical conditions or injuries)

Prior physical activity limitations

Current physical activity

Current Medications

Current height: _____

Current weight: _____

Weight 5 years ago: _____