

Initial Assessment & Intake Questionnaire

Welcome to the first step in making long-term lifestyle changes. We hope that you are successful and can get the most benefit and overall improvement in life and health. Please fill out in detail as much as you can below so that our coaches can help create a plan that can help you reach your goals. If you come to a question that you get stuck on or do not know the answer; you can leave it blank and we can discuss it in your Initial consultation.

Who Are You?

Name: _____

Date of birth: _____

Marital Status: _____

Employment Status: _____

Staying in Touch

Email _____

Mobile phone _____

Home phone _____

What is your preferred method of contact?

- Email
- Phone
- Zoom/Skype/other video chat
- Text
- Other (please specify)

What are the best times to reach you? _____

What Are You Looking to Accomplish?

In General, What Are Your Goals? Select All That Apply.

- Get Control of Eating Habits
- Improve Physical Fitness
- Lose Weight
- Gain Weight
- Maintain Weight
- Improve Metabolic Profile
- Look /Feel Better
- More Energy
- Other _____

Please list all of your concerns about your eating habits, fitness, health and body

Out of all of the above concerns, which ones feel most urgent/important?

1.

2.

3.

Why?

What Do You Expect?

What do you expect from this program?

What do you expect from your coach?

What are you prepared to do to work towards your goals?

What Do You Need/Want to Change?

Have you tried anything in the past to change your eating habits and/or your health? If so, what?

Which of those things worked well for you (even if you might not be doing it right now)

Which of those things didn't work well for you?

How, specifically, would you like your eating habits, your health and/or your body to be different?

Have you already made changes to your eating habits, your health, and/or your body recently? If so, what?

If you were to consider making further changes, what might those be?

Until now, what has prevented you or held you back from changing these things?

Right now, on the scale of 1-10 (1 being horrible and 10 being awesome), how would you rank your eating habits?

Do you exercise regularly? If so, how many hours per week?

What type of exercise do you typically do?

Approximately, how many hours per week do you do other types of physical activity? (Housework, Moving Around at Work, Gardening, Home Repairs)

What's Going on Around You?

Who lives with you?

- Spouse/Partner
- Roommate(s)
- Child(ren)
- Pets
- Other Family Members

Do you have children? If so, what are their ages?

Who does the majority of the grocery shopping in your household?

Who does the most cooking in your household?

Who decides on most meal types/menus in your household?

Right now, on the scale of 1-10 (1 being not at all and 10 being completely), How much do the people around you support health, fitness and/or behavior change?

1 2 3 4 5 6 7 8 9 10
None A Few Everyone

Do you worry that something/someone in your life will prevent you from being successful?
Please Explain:

How Are You Spending Your Time?

In an average week, how many hours do you spend

- At a Paying Job _____
- At school _____
- Traveling/Commuting _____
- Taking Care of Others _____
- Taking Care of Personal Business (errands, housework) _____
- Volunteering _____
- Other _____

On a scale of 1-10 (1 being made life is Panicked and Insane and 10 being My Life is Calm and Relaxed)

How do you feel about your schedule, time use and overall busy-ness?

1 2 3 4 5 6 7 8 9 10
Lots of Free Time Somewhat Busy Extremely Busy

What is your typical stress level on an average day?

1 2 3 4 5 6 7 8 9 10
Stress-Free Some Stress Very Stressful

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

On average, how many hours do you spend in the sun?

How do you normally cope with your stress?

low Ready, Willing and Able Are You to Change?

Right now, on a scale of 1-10 (1 being not at all and 10 being completely)

How ready are you to change your behaviors and habits?

1 2 3 4 5 6 7 8 9 10
Not Ready Somewhat Ready Absolutely Ready!

How willing are you to change your behaviors and habits?

1 2 3 4 5 6 7 8 9 10
Not Ready Somewhat Absolutely Ready!

How able are you to change your behaviors and habits?

1 2 3 4 5 6 7 8 9 10
Not Able Somewhat Able Absolutely Able and WILL!!

nything else you Need to Add?

Please write anything else that we may not have asked but that you would like to include so that we can better understand you and make sure that we help you to be successful!
