



DATE: _____

Health Coaching Input Form

-
- Last Name: _____
 - First Name: _____
 - Age: _____ Gender: Male Female
 - E-Mail Address: _____
 - Phone Number: _____

1) What are 2 changes you would like to make in your life over the next 2 years?

1. _____

2. _____

2) What short-term goals would you like to accomplish over the next 6 months? _____

3) Why do you want to achieve what you want to achieve?

4) On a scale of 1 to 10, how would you rate your current happiness level? _____ (1 being least happy at all and 10 being most)

5) What makes you the most happy in your life currently?

6) On a scale of 1 to 10, how would you rate your current health level? _____ (1 being the worst; 10 being the best)

7) What do you think causes the number you gave for question # 6? _____

8) On a scale of 1 to 10, how would you rate your current stress level? _____ (1 being the least stress and 10 being the most stress)

9) What do you think causes the number you gave for question # 8? _____

10) What is the most challenging obstacle you have had to overcome in your life thus far? How did you overcome it?

11) What has been your biggest success in your life thus far? How did you achieve it? _____

12) What are 3 things that you feel are hindering you from [happiness, fulfillment, feeling motivated, etc]?

13) What does success look like to you?

14) What changes would you like to see in your life?

15) What do you feel is hindering you the most from making those changes?

16) Who are the most important people in your life, and what is your relationship to them?

17) What do you value most in your life right now?

18) What previous steps have you already taken to achieve your goals as listed in question # 6? _____

19) What has been the result so far, and what have you learned? _____

20) Where do you see yourself one year from now? What do you think it will take to get there? _____
