Elements of Wellness

# 1. Initial Questionnaire

# 2. Personal & Professional Life Inventory

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# New Client Coaching Questionnaire

Name: _____

Address: _____

City:_____ State: _____ Zip: _____

E-mail: _____

Cell phone: _____ Referred by: _____

*Congratulations on taking a very important step in your life!*

This questionnaire contains some powerful questions for you to consider before your first coaching. This tool is meant to empower you to think clearly, become intentional and allow yourself the privilege to look for the answers. Think about what you want, what limitations you're currently living with, and how you can move forward into the life you desire living.

To make the most of this session, I invite you to find 45 min to 1 hour where you can have an appointment with yourself, uninterrupted. Find an environment that is relaxing, pleasing and allows you to be at your best, 100% focused on yourself. Give yourself the gift of time. Allow your answers to come from your whole engaged being.

Use this tool anyway you would like. Take some time to ponder the questions, answering all the questions or choosing not to.

**I hope that you will make a choice to be open to all possibilities.**



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## YOUR GOALS:

What 3 changes do you **most want to make** in your life?

1. _____

2. _____

3. _____

What do you **most want to achieve**? And are you ready to achieve? ____ Yes ____ No

_____

_____

_____

As an adult, have you ever worked in a one-on-one relationship (e.g., tennis coach, piano teacher, and therapist)? ____ Yes _____ No

If yes, what worked well for you? What did not work well?

_____

_____

_____

_____

_____

What major changes have you experienced in the past two years? (ie.. change of job, a new role, change in residence, divorce, health changes etc.)

_____

_____

_____

_____



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## YOUR LIFE:

On a scale of 1 – 10 (10 high), how fulfilled are you with the choices you've made in the last 6 months? _____

On a scale of 1-10 (10 high), how much stress is in your life right now? _____

What causes you stress?

_____

_____

_____

_____

What are you tolerating in your life at present? (Examples: clutter, overdue bills, job dissatisfaction, dead plants, overeating, broken equipment, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

## YOUR SELF:

What 5 adjectives would **someone** use to describe you at your best? (in no particular order)

1. _____ 2. _____ 3. _____

4. _____ 5. _____

How would **they** describe you at your **worst**?

1. _____ 2. _____ 3. _____

4. _____ 5. _____



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What five adjectives would **you** use to describe yourself at your **best**?

1. _____ 2. _____ 3. _____

4. _____ 5. _____

What five adjectives would **you** use to describe yourself at your **worst**?

1. _____ 2. _____ 3. _____

4. _____ 5. _____

What concerns do you have about life?

1. _____

2. _____

3. _____

What causes you to feel motivated?

_____

_____

_____

_____

## YOUR VISION & POSSIBLITIES:

What is your personal and/or professional vision?

_____

_____

_____

_____



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What intentions do you have for your life presently?

_____

_____

_____

_____

If you could achieve at least 1 goal from our coaching sessions, what would it be?

_____

_____

_____

_____

On a scale of 1-10 (10 high), what is the quality of your life today. _____

THANK YOU!

Please email all five pages of this document to: _____



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Please answer each question as honestly

& thoroughly as possible.

1. Physical Wellness
    1. How do you feel about your physical health, including weight, immune system, and energy level?

    2. Describe your physical fitness wellness and exercise habits.

    3. How are your sleep habits?

    4. How well do you feel that you are in-tune with your body? Do you listen to your body?

2. Social Wellness
    1. How do you feel when you meet new people?



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2. Describe your social life. What kinds of activities do you participate in?

3. How do you feel your communication with others is? Are you a good listener? Are you honest? Are you able to express your feelings?

3. Emotional Wellness
    1. When you are faced with obstacles and challenges, how do you react?

    2. How do you feel about expressing your feelings?

    3. What activities do you turn to when you are stressed?

    4. How do you manage stress?



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4. Spiritual Wellness
    1. Do you participate in any regular spiritual practices?

    2. How do you feel about your spiritual practices and spiritual life?

    3. Do you believe in a higher power? If so, what does your higher power mean to you?

5. Intellectual Wellness
    1. How do you approach being a lifelong learner? Do you set goals to learn new things?

    2. Are there any areas you would like to further your education or knowledge in?
6. Nutritional Wellness
    1. Describe your typical daily diet?



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2. How do you feel about the way you eat? Are there any changes you would like to make?

3. What is your attitude toward food?

7. Entrepreneurial Wellness
    1. What is your overall vision for your business?

    2. How do you envision taking your business or career to the next level?

    3. What are you happy with in your business? What are you unhappy about in your business?

8. Financial Wellness
    1. How do you feel about your finances?



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2. What is your current financial situation?

3. What are your current financial goals?

9. Occupational Wellness
    1. How do you feel about your business life? What are your current career and business goals?

    2. What are you happy with in your career? What are you unhappy about in your career?

    3. How do you envision taking your career to the next level?

10. Is there anything else you would like to share with me?



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