

Coaching Initial Session Exploration

Personal Information (will be kept completely confidential)

Last Name _____ First Name _____

Name you like to be called _____

Mobile # _____ Other: _____ # _____

Email _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Occupation/nature of business _____

Employer Name (or name of your business) _____

Date of birth _____ Relationship Status _____

Significant Other's Name _____

Name(s) of Child(ren)/Stepchild(ren) and their age(s)

Please write a brief description of:

Your Education History: colleges attended, degrees, majors, etc., other trainings.

Your Work History: basics of type of work/career areas you have experienced, and for how long.

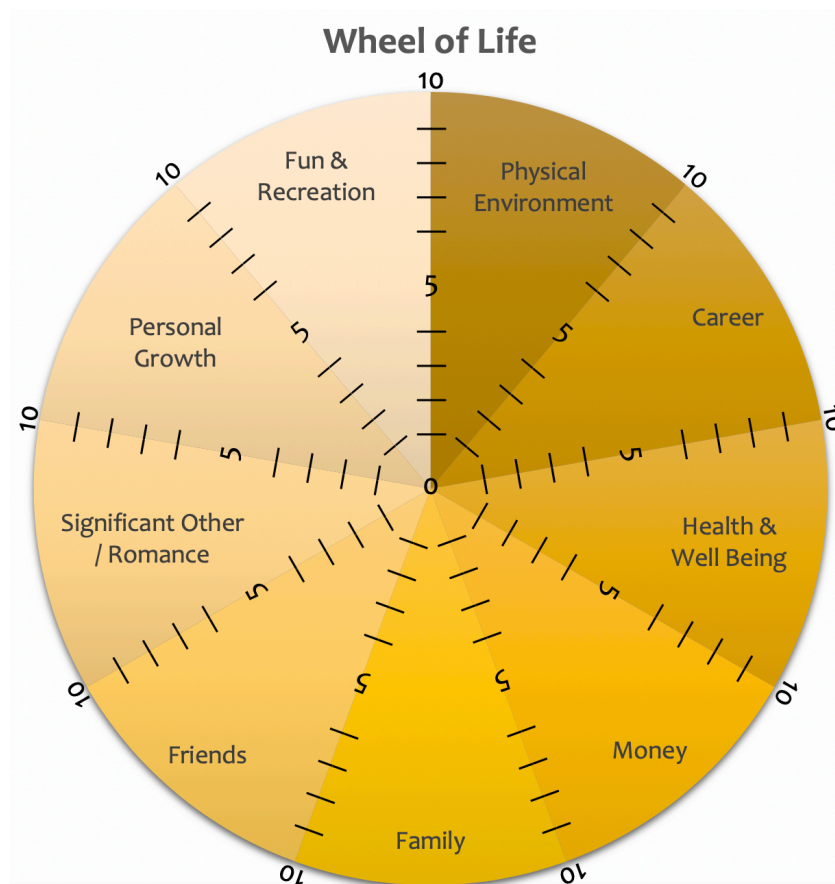
Your Relationship History: chronicle your marriage(s), long-term relationships, etc.

Thank you very much! This information helps me be the very best coach for you!
An approach to this questionnaire:

One purpose of this questionnaire is to provide information that helps me better know you and your aims. This questionnaire can be a great self-discovery tool for you, too! It's an opportunity to begin expressing and clarifying what you wish to achieve in the coaching process.

The Wheel of Life

Rank your level of satisfaction in each area of your life. The closer you are to 10 the more fulfilled you feel. Once you have marked your number in each area, connect each number forming a new outside perimeter for your circle.



How smooth or bumpy is your life? _____

Are there areas of your life that need attention? _____

What areas of your life are you willing to address now, soon, later?

Content for this questionnaire adapted from Whole Person Associates, Inc. *Wellness Coaching for Lasting Lifestyle Change*, 2nd Ed.

Focusing Your Choices

An aspect of the coaching process is to assist you in clarifying your direction in your lifestyle choices. This exercise adds clarity to the primary areas that you want to focus on with your coach.

Please describe the five areas you would like to change or improve in your way of living.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

How will your life/health change when this is improved or changed?

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

10 Things You Want Me to Know About You

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

-
-
7. _____
-
-
8. _____
-
-
9. _____
-
-
10. _____
-
-

Laying the Foundation for Coaching

As your coach, it's important for me to understand how you generally view the world, yourself, your family, and your job or career. Each person comes from a unique place in their thinking and in the ways in which they interact with the world around them.

Answering these questions clearly and thoughtfully, will serve both you and me. You may find that they help you clarify perceptions about yourself and the direction of your life. These are "pondering" type questions, designed to stimulate your thinking in a way that will make our work together more productive. Take your time answering them. If they are not complete by our first (foundation) session, just share what you have completed and finish the rest later. These answers will be treated with complete professional confidentiality.

Coaching

1. What do you want to get from the coaching relationship? _____
-
-
2. What is the "best" way for me to coach you most effectively, what tips would you give to me about what would work best? _____
-
-
3. Do you have any apprehension or preconceived ideas of coaching? _____
-
-

Job / Career

1. What do you want from your job / career? _____
-
-
2. What projects or tasks are you involved in currently or regularly? _____
-
-

3. What are your key job / career goals currently? _____

4. What skills or knowledge are you developing, and how are you gaining this knowledge?

5. How do your job / career goals support or fit with your personal goals or sense of purpose?

6. In what ways does your job affect your level of stress and your health?

Personal

1. What accomplishments or events must, in your opinion, occur during your lifetime to consider your life to be satisfying and well-lived?

2. What is (or might be) a secret passion in your life? Something you may or may not have allowed yourself to do so far, but which you would really love to do.

3. What unique gift or knowledge do you have to contribute? _____

4. What is your spiritual base or belief system? How do you draw upon your spiritual beliefs for support and to help you with moving forward with your life? _____

5. Please describe what gives you a sense of purpose in life? What activities have meaning or heart for you? _____

6. What's missing in your life, the presence of which would make your life be more fulfilling?

7. What do you do when you are really stressed, and feel up against the wall?

8. What two steps could you take immediately that would make the greatest difference in your current situation? _____

9. What else would you like your coach to know about you? _____

Health & Wellness Information

As your coach, my job is not to “treat” you, but to be your ally and your resource. When it comes to health and wellness issues, I will help you discover steps you may choose to take towards greater health and higher levels of wellness.

As your ally, I may refer you to medical, psychological, nutritional and other health-related services for more information and to seek any treatment in these areas. I can be a source of support and accountability, helping you to follow through with any treatment plans that you devise with these other professionals.

Please share with me information about your health and wellness so that I may more fully understand your health challenges and aspirations for higher levels of wellness.

1. Please describe your lifestyle and what you do to be healthy and well. _____

2. Please describe any health challenges that you currently experience (including not only major concerns, but problems like headaches, insomnia, etc.) _____

3. Are you currently on any medications? If so, what is the name of the medication and the intended impact of the medication? _____

4. Please list any lifestyle changes/recommendations that have recently been made to you by a healthcare professional. _____

5. What do you do to reduce stress in your life, or to counter-act the effect of stress in your life?

6. Please describe a typical week in terms of diet and exercise. _____

7. What do you do in your life that brings you happiness and joy? How often do you do this?

8. What gets in the way of you doing what brings you joy and health in the world?

9. Please list any behaviors you'd like to change and then, using the scale described here, rate the importance of making changes on each of the identified behaviors you listed.

Importance Scale:

- 1 = Haven't even thought of changing this.
- 2 = Have given it some thought.
- 3 = Have started preparing to change, looked up information, talked with others about, etc.
- 4 = Am already taking some action to change in this area.
- 5 = Have already made the change and want help maintaining my progress.

What Behaviors related to your Lifestyle do you want to change (with Rated Importance 1 – 5):

10. How can a coach be of assistance in helping you make the lifestyle changes you'd like to make? _____

11. What else would you like to add about your wellness goals for coaching?
