

Initial Assessment Questionnaire

Tell me more about yourself. By learning more about your lifestyle and your habits, I can take better care of you and make sure coaching is a good fit for your goals and individual needs.

* Required

1. Full Name *

2. Email *

3. Age *

4. Height *

5. Current Body Weight *

6. Ideal Body Weight *

7. What are your health, lifestyle and dietary goals? *

8. What do you hope to achieve through working with me? *

9. In general, what are your goals? Highlight all that apply *

Check all that apply.

- Lose weight/fat
- Improve physical fitness
- Get control of eating habits
- Gain weight
- Look better
- Get stronger
- Maintain weight
- Feel better
- Have more energy and vitality

10. Please list all of your concerns about your health, eating habits, fitness, and/or body *

11. Out of all the above concern, which ones feel most important/urgent and why? *

12. What have you tried in the past to help you make changes to your health? *

13. Which of those things worked well for you? *

14. Which of those didn't work well for you? *

15. What barriers stand in the way of you achieving your goals? *

16. What are your expectations from me as your coach? *

Nutrition Habits

This section will help me to get a little sneak peak on your general eating habits

17. How often do you eat take out, fast food or eat at a restaurant? *

Check all that apply.

- Rarely
- 1-2 times per week
- 3-5 times per week
- I eat out at least 1 meal per day

18. What percentage of processed food do you eat? (processed food is anything that comes out of a box or package) *

Mark only one oval.

	1	2	3	4	5	
Less than 10% processed	<input type="radio"/>	90% of my food comes from a package				

19. How much water do you drink in a day? *

Check all that apply.

- I don't drink water
- Under 2 Ltr
- Over 2 Ltr

20. What else do you drink on a daily basis? *

Check all that apply.

- Soda (including diet brands)
- Juice
- Energy drinks
- Coffee and or tea
- Alcohol

21. Describe your snacking habits (foods you eat between meals) *

22. Right now, how would you rank your overall eating/nutrition habits? *

Mark only one oval.

	1	2	3	4	5	
Horrible	<input type="radio"/>	Awesome				

Sleep and Recovery

This next section helps me learn about your sleeping habits

23. Describe your night time routine (what you do to get ready for bed) *

24. How much time do you spend in front of a screen prior to bed? *

Check all that apply.

- Less than 1 hr
- 1-2 hours
- I spend most of my evening watching tv or scrolling on my phone

25. How quickly do you fall asleep? *

Check all that apply.

- As soon as I hit the pillow
- Within 30 mins
- It takes at least 1 hr

26. How many hours of sleep do you get per night? *

Check all that apply.

- Less than 5 hrs
- 5-6 hrs
- 6-7 hrs
- Over 7 hrs

27. How would you rate the quality of your sleep? *

Mark only one oval.

1 2 3 4 5

Sleep? What sleep! I get over 7hrs and feel well rested

Move (exercise and activity level)

This section allows me to get to know your level of activity

28. Are you regularly active in sports and/or exercise? *

Check all that apply.

- Less than 1 hr per week
- 3-5 hrs per week
- 5-10 hrs per week
- I have some sort of physical activity every night of the week

29. What types of exercise? *

30. How active are you during the day *

Check all that apply.

- Not at all (I sit down all day)
- I sit most of the day but I get up to take breaks and move around
- Combination of sitting and standing
- I'm on my feet all day and constantly moving

31. What activities do you do on weekends? *

Check all that apply.

- Netflix Binging (too tired to do anything)
- Family activities
- Housework/Yardwork (keep busy)
- Meal Prep, Groceries
- Other

Manage (work/life balance)

This section provides me with a sense of how you manage stress, work and family

32. Who lives with you? If you have children what are their ages *

33. What are your responsibilities for within the household? *

Check all that apply.

- Getting kids ready for school/daycare
- Meal Planning
- Grocery Shopping
- Cooking
- House Cleaning
- House Maintenance
- Family Discipline
- Laundry
- Assisting with Homework

34. What responsibilities do you delegate to others in the household *

35. How balanced do you think your responsibilities are? *

Mark only one oval.

1 2 3 4 5

I do EVERYTHING! Completely balanced

36. How much do you prioritize your work *

Mark only one oval.

1 2 3 4 5

I stick to my minimum hrs I always work overtime AND work through my breaks

37. How do you feel about your schedule, use of time and overall busyness *

Mark only one oval.

1 2 3 4 5

Chaos! I'm always running around My life is perfectly calm and relaxed

38. How do you normally cope with stress? *

39. How much time do you spend on yourself (me time) *

Check all that apply.

- None
- 1-2 hrs per week
- 3-5 hrs per week
- Daily routine

40. How would you rate your overall stress levels? *

Mark only one oval.

1 2 3 4 5

No stress at all I'm tightly wound and riddled with anxiety

Mindset

This section explores your overall mindset

45. POSITIVE ACTION - Are you clear on who you are, what you stand for, and how well you're living up to your standards? *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	100%, yes				

46. IDENTITY/VALUES - Are you clear on who you are, what you stand for, and how well you're living up to your standards? *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	100%, yes				

47. PRODUCTIVE HABITS - Are your daily routines hindering or hurting your progress? *

Mark only one oval.

		1	2	3	4	5	
My routines keep me productive	<input type="radio"/>		I have no routines. My days are wasted				

48. POSITIVE SELF TALK - Do you talk to yourself as you would to someone you love? *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	I'm always positive towards myself				

49. FORGIVENESS- How well are you forgiving yourself and others versus harboring *
resentment?

Mark only one oval.

1 2 3 4 5

I'm the ultimate grudge keeper I easily forgive and let go

50. SATISFACTION - Do you feel you're moving in the right direction at the right *
speed

Mark only one oval.

1 2 3 4 5

I'm going nowhere I'm off to the races

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