

# **Wellness Assessment**

*Checklist*

# Wellness Assessment Checklist

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Name\_\_\_\_\_

Date\_\_\_/\_\_\_/\_\_\_\_\_

Health Coach\_\_\_\_\_

I want to address the following areas with my coach:

- Improved energy
- Increase physical activity
- Lose weight
- Maintain weight
- Improve eating habits
- Improve health risks or medical conditions
- Reduce need for medication
- Improve sleep
- Manage stress better or reduce stress
- Improve life/work/school balance

How often are you physically active each week? (continuously moving your body for 15+ minutes)

- 6-7 times per week
- 4-5 times per week
- 2-3 times per week
- 1 or fewer times per week

How often do you eat breakfast each week? (Just coffee does not count)

- Every day
- Most mornings
- 2-3 times per week
- Almost never



How many 8 ounce glasses of water do you drink a day?

- 6 or more glasses
- 4-5 glasses
- 1-3 glasses
- None

FRUITS AND VEGETABLES: How many servings of fruits and vegetables do you eat daily? (A serving is: 1 cup fresh, 1/2 cup cooked, 1 medium fruit, or 3/4 cup juice)

- One or less
- Two daily
- Three daily
- Four daily
- Five or more daily

How many 8 ounce portions of a soft drink do you drink each day?

- None or rarely
- 1-2 portions
- 3-5 portions
- 6 or more portions

How often do you eat "junk" snack foods between meals? (Ex. pastries, candy, ice cream, cookies)

- Three or more times per day
- Once or twice per day
- A few times per week
- Seldom or never

How many hours of sleep do you get on average?

- Less than 6 hours
- 6-7 hours
- 7-8 hours
- 8 or more hours

Do you have any limitations in exercising? (arthritis, back injury, sprained ankle, etc.)

- No
- Yes

Questions, comments or concerns for my Coach

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