

Dr Rod's New Client Coaching Questionnaire

Name

Date:

Address

Day phone

Evening phone

Fax #

E-Mail

Briefly describe why you are interested in having life coaching. What goals would you like me to help you achieve?

Please rate the following areas of your life on a scale of 1 to 10, with 1 being very poor and 10 being excellent.

- 1. Physical Health _____
- 2. Emotional Health _____
- 3. Relationship (primary) _____
- 4. Friendships _____
- 5. Spiritual Health _____
- 6. Job or career _____
- 7. Financial prosperity _____
- 8. Sense of purpose _____
- 9. Assertive ability _____
- 10. Time management _____

What else would you like me to know about you?

Are you in therapy or taking medication? If yes, please explain.

Life Coaching is also about life balance. The skills for creating what you want in one area of life will transfer to other areas. For each of the life areas below, write down what you would like to achieve as specifically as possible. Be as extensive as you'd like.

Professional Goals:

Financial Goals:

Physical (Health) Goals:

Relationship Goals:

Emotional Goals:

Spiritual Goals:

In the past, what has helped you achieve goals you've set?

What are a few of your strengths?

What additional skills do you need to achieve your goals?

Life Overview

PHYSICAL HEALTH

Behaviors-

Put a check mark if the answer is yes

- | | |
|--|---|
| <input type="checkbox"/> I exercise regularly at an activity I enjoy.
intake. | <input type="checkbox"/> I limit my sugar |
| <input type="checkbox"/> I eat a healthy, balanced diet.
breathing | <input type="checkbox"/> I practice deep |
| <input type="checkbox"/> I limit caffeine intake
is normal | <input type="checkbox"/> My blood pressure |
| <input type="checkbox"/> I do not smoke
intake | <input type="checkbox"/> I limit my alcohol |
| <input type="checkbox"/> I know how to relax my body | <input type="checkbox"/> I sleep well |

Symptoms

If you never experience the following symptoms, mark "0." If you experience them occasionally, mark a "1." If you experience them frequently, mark a "2."

Cardiovascular

- Heart Pounding
pain)
- Heart racing
shoulder pain
- Headaches (throbbing)

Respiratory

- Rapid, shallow breathing
- Shortness of breath
- Asthma

Gastrointestinal

- Upset stomach
- Excess gas
- Constipation
- Diarrhea

Muscular

- Headaches (steady
- Neck, back or
- Muscle spasms

Skin

- Acne
- Dandruff
- Excess perspiration

Immune system

- Allergies
- Frequent colds
- Frequent flu
- Skin rash

Are there any symptoms you experience that are not listed here? If yes, please write them down.

Are you dealing with any dis-ease? If yes, write it down.

Are you receiving any medical care for this dis-ease? If yes, please explain.

For each of the statements below, if the answer is “yes” put a check mark.

EMOTIONAL HEALTH

- | | |
|---|--|
| <input type="checkbox"/> In general, I am a happy person
critical of others | <input type="checkbox"/> I am rarely |
| <input type="checkbox"/> I have a good sense of humor
unconditionally | <input type="checkbox"/> I love myself |
| <input type="checkbox"/> I am able to express anger appropriately
initiative at work | <input type="checkbox"/> I have lots of |
| <input type="checkbox"/> My energy level is good
races | <input type="checkbox"/> My mind rarely |
| <input type="checkbox"/> I rarely experience cravings for sugar
emotions | <input type="checkbox"/> I accept all my |
| <input type="checkbox"/> It's unusual for me to feel sad
helpless | <input type="checkbox"/> I rarely feel |

RELATIONSHIPS

- | | |
|--|--|
| <input type="checkbox"/> I have a positive primary relationship (spouse, life partner, or close
friend) | |
| <input type="checkbox"/> I tell my family and friends frequently that I love and appreciate
them | |
| <input type="checkbox"/> I have friends I can call and ask for support when I need it | |
| <input type="checkbox"/> I spend quality time with my friends and family | |
| <input type="checkbox"/> I have dealt with old hurts and forgiven my friends and family | |
| <input type="checkbox"/> I am comfortable spending time alone with myself | |

SPIRITUAL HEALTH AND SENSE OF PURPOSE

- I feel connected with a Source greater than myself
- I have a regular spiritual practice such as meditation or prayer
- I have friends with whom I can discuss my spiritual beliefs
- I know my purpose in life

CAREER

- I feel fulfilled in the job or career I have now
- I have some unique skills and abilities
- I know what I want to do when I grow up
- I have opportunities to express my creativity in my career
- My current job pays me what I am worth

FINANCIAL PROSPERITY

- | | |
|--|--|
| <input type="checkbox"/> I feel prosperous | <input type="checkbox"/> I spend and save money wisely |
|--|--|

- I live within my means
- My credit cards are paid of
- I know that having more money is not the answer to my problems.
- I pay my bills on time
- My tax filings are up-to-date

ASSERTIVENESS

- I feel comfortable saying no to friends and family
- I easily express my needs and can ask for support
- I am comfortable in new social situations
- I can discuss criticism of my behavior without getting defensive
- I am able to confront someone I feel is taking advantage of me
- I easily compliment myself and others