

***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.<br>intake. | <input type="checkbox"/> I limit my sugar<br>intake.    |
| <input type="checkbox"/> I eat a healthy, balanced diet.<br>breathing            | <input type="checkbox"/> I practice deep<br>breathing   |
| <input type="checkbox"/> I limit caffeine intake<br>is normal                    | <input type="checkbox"/> My blood pressure<br>is normal |
| <input type="checkbox"/> I do not smoke<br>intake                                | <input type="checkbox"/> I limit my alcohol<br>intake   |
| <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  
shoulder pain
- 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<br>critical of others          | <input type="checkbox"/> I am rarely     |
| <input type="checkbox"/> I have a good sense of humor<br>unconditionally                | <input type="checkbox"/> I love myself   |
| <input type="checkbox"/> I am able to express anger appropriately<br>initiative at work | <input type="checkbox"/> I have lots of  |
| <input type="checkbox"/> My energy level is good<br>races                               | <input type="checkbox"/> My mind rarely  |
| <input type="checkbox"/> I rarely experience cravings for sugar<br>emotions             | <input type="checkbox"/> I accept all my |
| <input type="checkbox"/> It's unusual for me to feel sad<br>helpless                    | <input type="checkbox"/> I rarely feel   |

### **RELATIONSHIPS**

- |  |  |
|--|--|
| <input type="checkbox"/> I have a positive primary relationship (spouse, life partner, or close<br>friend) |  |
| <input type="checkbox"/> I tell my family and friends frequently that I love and appreciate<br>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