

Initial Assessment & Triage Questionnaire

Today's date:

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.

Full name:

Gender:

Age:

- ☐ Male
☐ Female

What do you want?

In general, what are your goals?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Lose weight / fat | <input type="checkbox"/> Become more consistent |
| <input type="checkbox"/> Gain weight | <input type="checkbox"/> Have more energy and vitality |
| <input type="checkbox"/> Maintain weight | <input type="checkbox"/> Take less medication |
| <input type="checkbox"/> Add muscle | <input type="checkbox"/> Get control of eating habits |
| <input type="checkbox"/> Improve physical fitness | <input type="checkbox"/> Get stronger |
| <input type="checkbox"/> Look better | <input type="checkbox"/> Physique competition / modeling |
| <input type="checkbox"/> Feel better | <input type="checkbox"/> Improve athletic performance |

What are you prepared to do to work towards your goals?

What do you want to change?

Have you tried anything in the past to change your habits, your health, your eating, and/or your body?

- ☐ Yes
- ☐ No

If so, what?

Which of those things worked well for you?

(Even if you might not be doing it right now.)

Which of those things did NOT work well for you?

How, specifically, would you like your habits, your health, your eating, and/or your body to be different?

If you were to consider making changes to your habits, your health, your eating, and/or your body, what might those be?

Until now, what has blocked you or held you back from changing these things?

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

O 1 - horrible O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 - awesome!!!

Why?

How active are you?

Are you regularly active in sports and/or exercise?

- ☐ Yes
- ☐ No

If so, approximately how many hours per week?

- ☐ Fewer than 5 hours
- ☐ 5-9
- ☐ 10-14
- ☐ 15-19
- ☐ 20 or more

What types of sports and/or exercise do you typically do?

Approximately many hours a week do you do other types of physical activity?

(e.g. housework, walking to work or school, home repairs, moving around at work, gardening, etc.)

- ☐ Fewer than 5 hours
- ☐ 5-9
- ☐ 10-14
- ☐ 15-19
- ☐ 20 or more

What other types of movement and/or activities do you do?

What's around you?

Who lives with you?

Check all that apply.

- ☐ Spouse or partner(s)
- ☐ Roommate(s)
- ☐ Child(ren)
- ☐ Other family (e.g. parent, grandparent, sibling, etc.)
- ☐ Pet(s)

Do you have children?

- ☐ Yes
- ☐ No

If yes, how many and what are their ages?

Who does most of the grocery shopping in your household?

Check all that apply.

- ☐ Me
- ☐ Spouse or partner(s)
- ☐ Roommate(s)
- ☐ Child(ren)
- ☐ Other family (e.g. parent, grandparent, sibling, etc.)

Who does most of the cooking in your household?

Check all that apply.

- ☐ Me
- ☐ Spouse or partner(s)
- ☐ Roommate(s)
- ☐ Child(ren)
- ☐ Other family (e.g. parent, grandparent, sibling, etc.)

Who decides on most of the menus / meal types in your household?

Check all that apply.

- ☐ Me
- ☐ Spouse or partner(s)
- ☐ Roommate(s)
- ☐ Child(ren)
- ☐ Other family (e.g. parent, grandparent, sibling, etc.)

Right now, how much do the people and things around you support health, fitness, and/or behavior change?

O 1 - not at all O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 - completely

What's your health like?

Have you have been diagnosed (currently or in the past) with any significant medical condition(s) and/or injuries?

- ☐ Yes
- ☐ No

Right now, do you have any specific health concerns, such as illnesses, pain, and/or injuries?

- ☐ Yes
- ☐ No

Right now, are you taking any medications, either over-the-counter or prescription?

- ☐ Yes
- ☐ No

On a scale of 1 (worst) to 10 (best), how would you rank your health right now?

☐ 1 – horrible ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 – awesome!

Why?

How are you spending your time?

In an average week, how many hours do you spend...

_____ In paid employment?

_____ Taking care of others? (e.g. children, person with a disability, older person, etc.)

_____ Doing other unpaid work (e.g. housework, errands, etc.)

_____ At school or doing school work?

_____ Traveling and/or commuting?

_____ Volunteering?

_____ **Adding up all these things, how many total hours per week do you spend doing all these activities?**

On a scale of 1 (horribly pressured, frantic, rushed) to 10 (totally calm and in control), how do you feel about your schedule, time use, and overall busy-ness?

O 1 - panicked O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 - perfectly calm

How is your stress & recovery?

Think about all the activities you're involved in, e.g. work, school, caregiving, housework, travel, etc.

Then assess as best you can:

Given all the demands of your life, what is your typical stress level on an average day?

O 1 - no stress O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 - extreme

On average, how many hours per night do you sleep?

- ☐ 4 or fewer hours
- ☐ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours
- ☐ 10 or more hours

How do you normally cope with your stress?

How ready, willing, and able are you to change?

Right now, on a scale of 1 (not at all) to 10 (completely):

How READY are you to change your behaviors and habits?

☐ 1 - not at all ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - completely

How WILLING are you to change your behaviors and habits?

☐ 1 - not at all ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - completely

How ABLE are you to change your behaviors and habits?

☐ 1 - not at all ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - completely