

Life & Wellness **COACHING**



Well-Being Assessment

M Northwestern
Medicine®

Lake Forest
Health & Fitness Center



lakeforesthfc.com



Well-Being Assessment

Please complete the paperwork and return to your wellcoach. All information will remain confidential and will adhere to HIPPA guidelines. **Please bring this packet with you for your initial coaching session.**

Contact Information

First Name: _____

Last Name: _____

Birth Date (mm/dd/yy): _____

Sex (M/F): _____

Relationship Status: _____

(single, married, separated, divorced, committed)

Number of children: _____

Occupation: _____

Address: _____

Email: _____

Phone Number: _____

Secondary Phone Number: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Office Use Only

Height: _____

Weight: _____

BMI: _____

Medications: _____

Blood Pressure: _____

Date: _____

Wellcoach: _____



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Energy

In a typical work-day what percentage of day are you at your best?

Example:

Morning 10%

Afternoon 10%

Evening 80%

(All three should add up to 100%)

Morning _____%

Afternoon _____%

Evening _____%

When you are not working or at work, what percentage of the time are you at various levels of energy?

(All three should add up to 100%)

Morning _____%

Afternoon _____%

Evening _____%

Energy Drains – Select the top three things that drain your energy.

- Poor or insufficient sleep
- Too little exercise
- Unhealthy eating habits
- Stress
- Weight management
- Physical health issues
- Pessimism or emotional issues
- Work issues
- Family or relationship issues
- Financial issues

Additional Notes:

Energy Boosters – Select the top three things that boost your energy.

- Healthy sleep
- Regular exercise
- Healthy eating habits
- Stress management, relaxation, or fun activities
- Healthy mindset
- Healthy family and personal relationships
- Healthy work relationships
- Maintaining healthy weight
- Maintaining good physical health
- Job satisfaction
- Spiritual activities
- Healthy finances
- Other – Please Describe:

Rate the importance of being at my optimal energy level.

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Circle how ready you are to make improvements in your energy levels:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

My confidence level in my ability to reach and sustain my best energy levels at least 50% of the time is:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10



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Nutrition

Breakfast & Snacks

Breakfast:

How often do you eat breakfast?

- Eat breakfast everyday
- Eat breakfast most mornings
- Eat breakfast two or three times per week
- Seldom or never eat breakfast

Snacks:

How often do you eat “junk” snack foods between meals? (E.G. chips, pastries)

- Three or more times per day
- Once or twice per day
- Few times per week
- Seldom or never eat “junk” snack foods

Fats

How many meals per week do you eat out/fast food?

- Never
- 1-3 times per week
- 3-6 times per week
- More than 10 times per week

How many meals per week do you eat red meat?

- Never, I do not eat meat
- Once per week
- 2-3 times per week
- More than 4 times per week

Additional Notes:

Fruits/Vegetables

How many servings of fruits and vegetables do you eat daily?

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

Fluids

Water intake

How many glasses of water do you drink per day?

Soft drink intake

How many cans of soda do you drink per day?

Alcohol intake

How many alcoholic drinks do you usually drink Mon-Thur?

How many alcoholic drinks do you usually drink Fri-Sun?

Rate the importance of consuming healthy foods and drinks most of the time.

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Circle how ready you are to make improvements to reach and sustain regular healthy eating habits.

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

My confidence level in my ability to reach and sustain healthy eating habits is:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10



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Weight

Current weight _____

(leave this blank if you are unsure)

Weight in pounds one year ago _____

Weight in pounds two years ago _____

Weight in pounds five years ago _____

Weight in pounds ten years ago _____

Circle how ready you are to make improvements to reach and sustain a healthy weight:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

My confidence level in my ability to reach and sustain a healthy weight is:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Additional Notes:

Stress & Mental Health

Coping, Sleep, and Emotional Issues

Coping:

How well do you feel you are coping with your current stress load?

- Feeling unable to cope any more
- Often have trouble coping
- Coping fairly well
- Coping very well

Sleep:

How many hours of sleep do you get on average?

- Less than 6
- 6-7
- 7-8
- 8-9 or more

Stress:

Mark any symptoms below that apply to you.

- Minor problems throw me for a loop
- I find it difficult to get along with people I used to enjoy
- Nothing seems to give me pleasure anymore
- I am unable to stop thinking about my problems
- I feel frustrated, impatient, or angry most of the time
- I feel tense or anxious most of the time
- None of the above

Emotional Issues:

During the past 4 weeks, to what extent have you accomplished less than you would like in your work or other daily activities from a result of emotional issue such as feeling depressed or anxious?

- Extremely
- Quite a bit
- Moderately
- Slightly
- None at all
- 7-8
- 8-9 or more



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Social Activity, Personal Loss and Social Support

Social Activity:

During the past four weeks, to what extent has your physical health or emotional issues interfered with your normal social activities with family, friends, neighbors, or groups?

- Extremely
- Quite a bit
- Moderately
- Slightly
- None at all

Personal Loss:

Have you suffered a personal loss or misfortune in the past year? (For example: A job loss, disability, divorce, separation, or the death of someone close to you)

- No
- Yes – one loss
- Yes – two or more losses

Social Support:

Do you have friends/family with whom you can share problems or get help if needed?

- Yes
- No

Feelings:

The next questions are about how you feel things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

Have you felt calm and peaceful?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you have a lot of energy?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you been a happy person?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you taken the time to relax and have fun daily?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you felt worthless, inadequate, or unimportant?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you had a poor appetite?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Additional Notes:



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Depression Evaluation

Have you been blaming yourself for things?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you had difficulty falling asleep, staying asleep?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you been feeling hopeless about the future?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you thought about or wanted to commit suicide?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Have you had difficulty concentrating or making decisions?

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Rate the importance of reaching and sustaining optimal mental and emotional health

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Circle how ready you are to make improvements to reach and sustain a healthy mental and emotional mindset and lifestyle.

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

My confidence level in my ability to reach and sustain a healthy mental and emotional mindset is:

1 (lowest level) – 10 (highest level)

1 2 3 4 5 6 7 8 9 10

Thank you for completing the Well-Being Assessment.

Thank you for taking the first step in towards reaching your goals. I am excited to start working with you. Please bring this packet with you for your initial coaching session.

Sincerely,

Jennie Burks
Certified Life and Wellcoach
ACSM Health Fitness Specialist
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Please complete the attached paperwork and return to your wellcoach, all information will remain confidential and will adhere to HIPPA guidelines.



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