

Wellness Assessment Checklist

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