

## Creating a Healthy & Fulfilling Life



My goal is to support and empower you to create a healthier and fulfilling life and career. Please fill out the following scale to help me assess your current situation and determine the most important areas to work on.

### Exploring Self

Rate each area from 1 – 10 using # 1 as the lowest level of satisfaction and # 10 as the highest level of satisfaction.

*Rate from 1 – 10*

#### Career

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- How long have you been in your current position?
- How many hours per week do you work?
- How would you describe your working environment?
- Is there anything you would like to change or need support with to improve your working environment or career?

#### Comments

#### Significant Other

\_\_\_\_\_

- How long have you been in this relationship?
- Are you happy in the relationship?
- Do you consider it to be based on mutual respect?
- Is there anything you would like to change or need support with in your relationship?

#### Comments

## **Family**

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- How many members are in your immediate family?
- If you have children what are their ages?
- Are there family challenges?
- Is there anything you would like to change or need support with to improve your family life and relationships?

### Comments

## **Friends**

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- Do you have many friends or one or two close ones?
- Do you make friends easily?
- Do you consider your friendships to be balanced and mutually beneficial?
- Is there anything you would like to change or need support with to improve your relationships with your friends?

### Comments

## **Nutrition**

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- Do you eat regularly?
- How much water do you drink in a day?
- Have you ever monitored what you actually eat in day?
- How would you rate your weight?
- Is there anything about your nutrition you would like to change or need support with?

### Comments

## Physical Health and Well- Being \_\_\_\_\_

- ❑ Do you suffer from any medical condition I should be aware of?
- ❑ Are you taking any medications?
- ❑ How much do you sleep at night?
- ❑ Do you feel well rested when you wake in the morning?
- ❑ Is there anything you would like to change or need support with to improve your physical health or well being?

Comments

## Emotional Health and Well- Being \_\_\_\_\_

- ❑ How would you describe your emotional health?
- ❑ Would you say that you tended to react to situations or respond to them?
- ❑ Do you consider yourself to be happy most of the time or sad?
- ❑ Do you have a support network for times of crisis?
- ❑ Are there any patterns, or beliefs that you feel are blocking you in your life that you would like to overcome to help move your life forward?
- ❑ Is there anything you would like to change with or need support with to enhance your emotional health and well-being?

Comments

## Finances \_\_\_\_\_

- ❑ Do you consider yourself to be in control of your finances or is this an area you avoid?
- ❑ Does money create stress in your life and relationships?

- ❑ Have you developed any financial plans for the future?
- ❑ Are there any areas in the area of finances that you would like to change or need support with?

Comments

### **Spirituality/Religion**

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- ❑ Is this an area that is important to your health and well-being?
- ❑ Do you belong to any spiritual or religious group in your community?
- ❑ Are there any spiritual or religious practices that impact your life on a daily basis?
- ❑ Is there anything you need support with in the area of spirituality?

Comments

### **Education/Personal Growth**

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- ❑ How do you learn best? (Reading, listening, watching, hands- on)
- ❑ Have you ever taken any personal growth courses?
- ❑ What books have you read in the past 3 months?
- ❑ Is there an area on interest that you would like to pursue?
- ❑ Is there an area that you would like support in to enhance your personal growth and development?

Comments

**Fun and Leisure** \_\_\_\_\_

- What do for fun and recreation?
- What are your interests and Hobbies?
- If time and money were no object, is there anything you would love to do or try?

Comments

**Lifestyle** \_\_\_\_\_

- Do you smoke? How much?
- Do you consume alcohol? How much?
- Do you exercise regularly?
- Are there areas you would like to change regarding your lifestyle?

Comments

**Balance in Your Life** \_\_\_\_\_

- Do you consider you lead a balanced life?
- Are there areas you would like to change?

Comments

**Describe in more detail 1 to 3 areas you'd most like to focus on.**

**1.**

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2.

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3.

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**If you could create the results you desired in these 1-3 areas what specifically would you like to achieve in the next 90 days?**

**What would you have to do or change to make these things happen in the next 90 days.**

**As your coach, how can I best support you to achieve your goals?**