



## SECTION II

Please list 3 of your specific health and wellness goals in order of priority:

- 1.
- 2.
- 3.

Please list three personal strengths you are proud of:

- 1.
- 2.
- 3.

Please rate your overall stress level on a scale of 1-10, 10 being extreme stress: \_\_\_\_\_

If there are one or more areas that create the majority of stress in your life please describe:

How well are you sleeping? Do you get at least 7-8 hours of sleep per night?

Do you have any concerns with your diet or eating habits?

Do you exercise regularly? (at least 15-20 minutes of continuous movement 3-5 times/week)  
If so, what kind of exercise are you performing?

Do you have at least one person in your life to support and encourage you in achieving your goals?

What are the costs to you of not solving this problem or achieving the health or wellness state you desire? (financial, physical, emotional, etc.) What will happen if you don't make this change?

*Thank you for your time investment in this questionnaire to better your experience with your health and wellness coach!*