Well-Being Assessment

Hello and Welcome to Wellcoaches!

Wellcoaches has created this well-being assessment to help you and your coach evaluate the effectiveness of your coaching program and your progress, before you start work with your coach, and if appropriate, 6 months and 12 months later.

Please note that Wellcoaches and your coach treat all of your personal information, including your name, your email address, your correspondence with us, and your personal Wellcoaches website, as private and confidential.

The completed assessment can be printed and/or saved by selecting **File > Save As >** and assigning a file name and location on your hard-drive.

MY AGREEMENT OF RELEASE OF LIABILITY

In consideration of my being allowed to receive coaching services from a certified wellness coach, and, in that process, to be coached in fitness, nutrition, weight management, stress management, mental health, and/or health risk management, I do hereby waive, release, and forever discharge my coach and Wellcoaches Corporation and its officers, agents, independent contractors, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of fitness equipment arising out of my participation in any activities under such coaching.

I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of wellness coaching.

I understand that as a part of my wellness coaching program, I may be coached to, or it may be suggested that I, participate in exercise activities, e.g., exercise, aerobic training, strength training, flexibility training, etc., that could be potentially hazardous. I also understand that such activities involve risks of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I further understand that my certified wellness coach, as applicable, is an independent contractor and not an agent of Wellcoaches Corporation.

I do hereby further acknowledge that I have either had a physical examination and have been given a physician's permission to participate or that I have decided to participate in activity and or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility and risks of injury or death from such participation and activity.

☐ I accept the above agreement of release of liability and the terms of the well-being assessment.

Date _____

Client Name _____

Signature _____

TO AVOID POTENTIAL LOSS OF DATA PLEASE SAVE YOUR WORK AT THE END OF EACH PAGE

Contact Information

*First Name

*Last Name

*Birth Date (mm/dd/yyyy)

Sex

- Female
- Male

Relationship

- Single
- Married
- Separated
- Divorced
- Committed

Children# and ages

Occupation

Address

City State/Province ZIP/Postal

*Email *Phone

Select username/password for my secure coaching client website:

*Username *Password

Indicate coach name if you have already selected your coach:

First Last

Indicate your coach's ID number if known:

If you haven't selected your coach please indicate your preference No Preference

If you haven't selected your wellness coach please indicate your preferred speciality: No Preference

Priorities for Coaching

I want to address the following areas with my coach (check up to five areas):

Overall

- Improve well-being (health and happiness)
- Improve family well-being
- Improve energy
- Improve productivity

Physical

- Increase physical activity
- Manage or prevent injury
- Lose weight
- Manage or maintain current weight
- Improve eating habits
- Improve health risks or medical conditions
- Reduce need for medication

Mental and Emotional

- Improve work/life balance
- Improve sleep
- Manage stress better or reduce stress
- Reduce or quit smoking
- Improve finances
- Improve personal relationships
- Manage drug or alcohol issues

Spiritual

- Improve job satisfaction
- Improve life satisfaction

TO AVOID POTENTIAL LOSS OF DATA PLEASE SAVE YOUR WORK AT THE END OF EACH PAGE

***Sense of Purpose** - I feel a strong sense of purpose in life:

***Joy** - I feel a deep satisfaction or joy in my life:

***Gratitude** - I feel grateful and appreciative for what I have:

***Work satisfaction** - indicate level of satisfaction:

***Personal relationship satisfaction** - indicate level of satisfaction:

My Readiness to Change

My readiness to make changes or improvements in my life satisfaction

- 1. I am already maintaining good life satisfaction consistently (6 mos. +)
- 2. I recently started working on this
- 3. I am planning a change this month
- 4. I am planning a change to start in the next 6 months
- 5. I have no present interest in making a change

My Importance

Rate the importance to me of having a high level of life satisfaction:
1 - 10 (highest level)

- 1. Not important at all
- 2.
- 3.
- 4.
- 5. About as important as most of the other things I would like to achieve now
- 6.
- 7.
- 8.
- 9.
- 10. Most important thing in my life now

My Confidence

My confidence level in my ability to reach and sustain a high level of life satisfaction is
1 - 10 (highest level)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

In a typical work-day what percentage of the time are you at (all three add up to 100% various levels of energy (physical and mental vigor or vitality):

Best: My energy is high, I am vigorous, and I am able to perform at my best
Average: My energy is good and I am able to accomplish what needs to get done
Low: My energy is low and it's hard to accomplish what needs to get done

* 1. Best energy
* 2. Average energy
* 3. Low energy

When you are not working what percentage of the time are you at (all three add up to 100%)

* 1. Best energy
* 2. Average energy
* 3. Low energy

Energy drains - Select the top three things that drain your energy.

- [ ] a. Poor or insufficient sleep
- [ ] b. Too little exercise
- [ ] c. Unhealthy eating habits
- [ ] d. Stress
- [ ] e. Weight management issues
- [ ] f. Physical health issues
- [ ] g. Pessimism or emotional issues
- [ ] h. Work issues
- [ ] i. Family or relationship issues
- [ ] j. Financial issues
- [ ] k. Other - describe

Energy boosters - Select the top three things that boost your energy.

- [ ] a. Healthy sleep
- [ ] b. Regular exercise
- [ ] c. Healthy eating habits
- [ ] d. Stress management, relaxation, or fun activities
- [ ] e. Healthy mindset
- [ ] f. Healthy family and personal relationships
- [ ] g. Healthy work relationships
- [ ] h. Maintaining healthy weight
- [ ] i. Maintaining good physical health
- [ ] j. Job satisfaction
- [ ] k. Spiritual activities
- [ ] l. Healthy finances
- [ ] m. Other - describe

My Importance

Rate the importance to me of being a my best energy level at least 50% of the time:
1 - 10 (highest level)

- ◯ 1. Not important at all
- ◯ 2.
- ◯ 3.
- ◯ 4.
- ◯ 5. About as important as most of the other things I would like to achieve now
- ◯ 6.
- ◯ 7.
- ◯ 8.
- ◯ 9.
- ◯ 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements in my energy levels:

- ◯ 1. I am already maintaining good energy levels consistently (6 mos. +)
- ◯ 2. I recently started working on this
- ◯ 3. I am planning a change this month
- ◯ 4. I am planning a change to start in the next 6 months
- ◯ 5. I have no present interest in making a change

My Confidence

My confidence level in my ability to reach and sustain my best energy levels at least 50% of the time is:
1 - 10 (highest level)

◯ 1. ◯ 2. ◯ 3. ◯ 4. ◯ 5. ◯ 6. ◯ 7. ◯ 8. ◯ 9. ◯ 10.

Weight

wellcoaches®

Body Mass Index

*Height in inches (without shoes)

*Waist Measurement in inches:

*Current weight in pounds (without shoes)

Weight in pounds one year ago

Weight in pounds two years ago

Weight in pounds five years ago

Weight in pounds ten years ago

Describe any weight-management program pursued in the last 10 years:

My Importance

Rate the importance to me of reaching and sustaining a healthy weight:
1 - 10 (highest level)

- 1. Not important at all
- 2.
- 3.
- 4.
- 5. About as important as most of the other things I would like to achieve now
- 6.
- 7.
- 8.
- 9.
- 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements to reach and sustain a healthy weight

- 1. I am already maintaining a healthy weight (6 mos. +)
- 2. I recently started working on this
- 3. I am planning a change this month
- 4. I am planning a change to start in the next 6 months
- 5. I have no present interest in making a change

My Confidence

My confidence level in my ability to reach and sustain a healthy weight:
1 - 10 (highest level)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

TO AVOID POTENTIAL LOSS OF DATA PLEASE SAVE YOUR WORK AT THE END OF EACH PAGE

Exercise

Regular physical activity - Do you currently participate in regular physical activity?

* **Regular physical activity is defined as:**

A. At least 20 minutes of vigorous activity 3 or more days per week (hard enough to make you breath heavily or make your heart beat faster) or

B. At least 30 minutes of moderate intensity activity 5 or more days per week.

No

***Other physical activity minutes -** How many minutes in an average day are you physically active (gardening, physical labor, use stairs not elevator, walk not drive, etc):

Current limitations on physical activity (e.g. injuries, illness, medical conditions):

Previous limitations on physical activity (over the last 5 years):

***Aerobic exercise -** How many days per week do you engage in aerobic exercise of at least 20 minutes duration (fitness walking, cycling, jogging, swimming, aerobic dance, active sports)?

***Strength exercises -** How many times per week do you do strength building exercises for ten minutes or more, such as sit-ups, pushups, or use strength training equipment?

***Flexibility or stretching exercises -** How many times per week do you do stretching exercises for five minutes or more to improve flexibility of your back, neck, shoulders, and legs?

My Importance

Rate the importance to me of regular physical activity:
1 - 10 (highest level)

- ◯ 1. Not important at all
- ◯ 2.
- ◯ 3.
- ◯ 4.
- ◯ 5. About as important as most of the other things I would like to achieve now
- ◯ 6.
- ◯ 7.
- ◯ 8.
- ◯ 9.
- ◯ 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements to reach or sustain regular physical activity:

- ◯ 1. I am already maintaining good energy levels consistently (6 mos. +)
- ◯ 2. I recently started working on this
- ◯ 3. I am planning a change this month
- ◯ 4. I am planning a change to start in the next 6 months
- ◯ 5. I have no present interest in making a change

My Confidence

My confidence level in my ability to reach and sustain regular physical activity:
1 - 10 (highest level)

◯ 1. ◯ 2. ◯ 3. ◯ 4. ◯ 5. ◯ 6. ◯ 7. ◯ 8. ◯ 9. ◯ 10.

Breakfast and Snacks

***Breakfast -** How often do you eat breakfast, more than just a roll and a cup of coffee?

- a. Eat breakfast every day
- b. Eat breakfast most mornings
- c. Eat breakfast two to three times per week
- d. Seldom or never eat breakfast

***Snacks -** How often do you eat "junk" snack foods bewteen meals (e.g. chips, pastries, candy, ice cream, cookies)?

- a. Three or more times per day
- b. Once or twice per day
- c. Few times per week
- d. Seldom or never eat "junk" snack foods

Fats

***Fat intake -** Indicate the kinds of food you usually eat

A. High fat examples: hamburgers, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, butter, cake, pastry, ice cream, chocolate, fried foods, and many fast foods

B. Low fat examples: lean meats, skinless poultry, fish, skim milk, low fat dairy products, fruit desserts, vegetables, pasta, legumes (peas and beans)

- 1. Nearly always eat the high fat foods
- 2. Eat mostly the high fat food, some low fat
- 3. Eat both about the same
- 4. Eat mostly low fat foods, some high fat
- 5. Eat only low fat foods

***Trans fats** - are commonly listed as "partially hydrogenated vegetable oil" on food labels. These processed fats increase your risk of developing heart disease. Many snacks, baked goods, and even healthy-appearing breakfast cereals contain trans fat or partially hydrogenated vegetable oil. How often do you eat foods containing trans fats or partially hydrogenated oil?

- a. Many times each day
- b. At least once a day
- c. Occasionally
- d. Rarely, if ever
- e. I haven't paid attention to trans fats or partially hydrogenated vegetable oils before

Breads, Grains, Fruits, Vegetables

***Breads and grains** - Indicate the kinds of breads and grains you usually eat

A. Refined grain examples: white bread, rolls, regular pancakes and waffles, white rice, typical breakfast cereals, typical baked goods

B. Whole grain examples: whole grain breads, brown rice, oatmeal, whole grain or high fiber cereals

- ◯ 1. Nearly always eat refined grain products
- ◯ 2. Eat mostly refined grain products
- ◯ 3. Eat both about the same
- ◯ 4. Eat primarily whole grain products
- ◯ 5. Eat only whole grain products
- ◯ 6. I have gluten intolerance or allergies to certain grains

***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 size fruit, or 3/4 cup juice)

◯ 1. one or less ◯ 2. two daily ◯ 3. three daily ◯ 4. four daily ◯ 5. five or more

Fluids

***Water intake** - How many eight ounce glasses of water do you drink on average per day?

- ◯ a. None
- ◯ b. 1 -2 glasses
- ◯ c. 3 - 5 glasses
- ◯ d. 6 - 8 glasses

***Number of drinks** - How many alcoholic drinks do you usually have per **weekday** (one ounce liquor, 12 ounces beer, or 4 ounces of wine)?

- ◯ a. 6 - 8 glasses
- ◯ b. 3 - 5 glasses
- ◯ c. 1 - 2 glasses
- ◯ d. Seldom or never

***Soft drink intake** - How many eight ounce glasses of non-diet soft drinksdo you drink on average per day?

- ◯ a. 6 - 8 glasses
- ◯ b. 3 - 5 glasses
- ◯ c. 1 - 2 glasses
- ◯ d. Seldom or never

***Number of drinks** - How many alcoholic drinks do you usually have per **weekend** (one ounce liquor, 12 ounces beer, or 4 ounces of wine)?

- ◯ a. 6 - 8 glasses
- ◯ b. 3 - 5 glasses
- ◯ c. 1 - 2 glasses
- ◯ d. Seldom or never

My Importance

Rate the importance to me of consuming healthy food and drinks most of the time:
1 - 10 (highest level)

- ◯ 1. Not important at all
- ◯ 2.
- ◯ 3.
- ◯ 4.
- ◯ 5. About as important as most of the other things I would like to achieve now
- ◯ 6.
- ◯ 7.
- ◯ 8.
- ◯ 9.
- ◯ 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements to consume healthy food and drinks:

- ◯ 1. I am already maintaining good energy levels consistently (6 mos. +)
- ◯ 2. I recently started working on this
- ◯ 3. I am planning a change this month
- ◯ 4. I am planning a change to start in the next 6 months
- ◯ 5. I have no present interest in making a change

My Confidence

My confidence level in my ability to consume healthy food and drinks most of the time:
1 - 10 (highest level)

◯ 1. ◯ 2. ◯ 3. ◯ 4. ◯ 5. ◯ 6. ◯ 7. ◯ 8. ◯ 9. ◯ 10.

General Health

*__Complete the following statement.__
In general, my overall health is ...

- ◯ 1. Poor
- ◯ 2. Fair
- ◯ 3. Good
- ◯ 4. Very good
- ◯ 5. Excellent

What is your blood pressure:	My numbers	Don't Know
Systolic (high number)		☐
Diastolic (low number)		☐
What is your total cholesterol:		☐
What is your HDL (good cholesterol)		☐
What is your LDL (bad cholesterol)		☐
What is your fasting Triglyceride level		☐
What is your fasting glucose level		☐

*__Physician relationship.__ Do you have a primary care doctor who you trust and see regularly?

- ◯ 1. No
- ◯ 2. Somewhat
- ◯ 3. Yes

*__Physical Exam.__ When was your last physical examination? Within the last ...

- ◯ a. Five or more years
- ◯ b. 3 - 4 years
- ◯ c. 2 years
- ◯ d. Year

Health Issues

__Women's health issues -__ Mark all that apply.
Men skip to next question.

- ☐ Currently pregnant.
- ☐ Had PAP smear within last 13 months
- ☐ Had mammogram within last 12 months
- ☐ Practice monthly breast self exam

__Men's health issues -__ Mark all that apply.
Women skip to next question.

- ☐ Had prostate exam within last 12 months
- ☐ Practice monthly testicle self exam for lumps

__Sick days -__ How many days did you miss from work due to illness or injury during the last 6 months? ☐

__Medications -__ How often do you use drugs or medicines (include prescription and nonprescription) that treat depression, affect your mood, help you relax, or help you sleep?

- ◯ a. Frequently
- ◯ b. Sometimes
- ◯ c. Rarely
- ◯ d. Never

__Tobacco status -__ Mark the appropriate response:

- ◯ a. Use chewing tobacco regularly
- ◯ b. Currently smoke ten or more cigarettes daily
- ◯ c. Currently smoke less than ten cigarettes daily
- ◯ d. Smoke pipe or cigar only
- ◯ e. Quit smoking less than two years ago
- ◯ f. Quit smoking two or more years ago
- ◯ g. Have never smoked (or used tobacco)

Family Health History

Family health history Mark any of the following health problems found in your family (parent, brother, sister).

- [ ] 1. Colorectal cancer
- [ ] 2. Breast Cancer
- [ ] 3. Depression
- [ ] 4. Diabetes
- [ ] 5. Coronary heart disease, heart attack, or coronary surgery before age 55 in men, before age 65 in women
- [ ] 6. High blood pressure
- [ ] 7. High blood cholesterol
- [ ] 8. Suicide
- [ ] 9. None

Personal Health History

Has a doctor informed you that you currently have any of the following health problems?
If yes, mark either "Yes and is not under control" or "yes and taking medication or is under control", otherwise please select N/A

	Yes and is not under control	Yes and taking medication or is under control	N/A
Asthma or lung disorder	○	○	○
Bowel polyps or inflammatory bowel disease	○	○	○
Cancer, other than non-melanoma skin cancer	○	○	○
Chronic bronchitis or emphysema (COPD)	○	○	○
Coronary heart disease, congestive heart failure, angina, heart attack or heart surgery	○	○	○
Depression (mental illness)	○	○	○
Diabetes (high blood sugar)	○	○	○
High blood pressure (140/90 or higher)	○	○	○
High blood cholesterol (200 or higher)	○	○	○
Sciatica or chronic back problem (musculoskeletal)	○	○	○
Stroke or restricted blood flow to head or legs	○	○	○
Arthritis	○	○	○

Current Symptoms

Mark any of the following symptoms you have experienced within the last four weeks.

- [ ] a. Chest pain or discomfort, frequent palpitations or fluttering in the heart
- [ ] b. Unusual shortness of breath
- [ ] c. Unexplained dizziness or fainting
- [ ] d. Temporary sensation of numbness or tingling, paralysis, vision problem, or lightheadedness
- [ ] e. Frequent urination and unusual thirst
- [ ] f. Frequent back pain
- [ ] g. Have trouble sleeping lately
- [ ] h. None

Bodily Pain

How much bodily pain have you had during the past four weeks.

- [ ] 1. Very severe
- [ ] 2. Severe
- [ ] 3. Moderate
- [ ] 4. Mild
- [ ] 5. Very mild
- [ ] 6. None

Health Limitations

During the past four weeks, how much difficulty did you have doing your work or other regular activities as a result of your physical health.

- [ ] a. Could not do daily work
- [ ] b. Quite a bit
- [ ] c. Some
- [ ] d. A little bit
- [ ] e. None

My Importance

Rate the importance to me of managing my health:
1 - 10 (highest level)

- ◯ 1. Not important at all
- ◯ 2.
- ◯ 3.
- ◯ 4.
- ◯ 5. About as important as most of the other things I would like to achieve now
- ◯ 6.
- ◯ 7.
- ◯ 8.
- ◯ 9.
- ◯ 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements in managing my health

- ◯ 1. I am already maintaining good energy levels consistently (6 mos. +)
- ◯ 2. I recently started working on this
- ◯ 3. I am planning a change this month
- ◯ 4. I am planning a change to start in the next 6 months
- ◯ 5. I have no present interest in making a change

My Confidence

My confidence level to make changes or improvements in managing my health:
1 - 10 (highest level)

◯ 1. ◯ 2. ◯ 3. ◯ 4. ◯ 5. ◯ 6. ◯ 7. ◯ 8. ◯ 9. ◯ 10.

Coping, Sleep, Stress and Emotional Issues

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

- ◯ a. Feeling unable to cope any more
- ◯ b. Often have trouble coping
- ◯ c. Have trouble coping at times
- ◯ d. Coping fairly well
- ◯ e. Coping very well

***Sleep.** How many hours of sleep do you get on average?

- ◯ a. Less than 6
- ◯ b. 6 - 7
- ◯ c. 7 - 8
- ◯ d. 8 - 9 or more

***Stress** - Mark any symptoms below that apply to you.

- ☐ 1. Minor problems throw me for a loop.
- ☐ 2. I find it difficult to get along with people I used to enjoy.
- ☐ 3. Nothing seems to give me pleasure anymore
- ☐ 4. I am unable to stop thinking about my problems.
- ☐ 5. I feel frustrated, impatient, or angry much of the time.
- ☐ 6. I feel tense or anxious much of the time.
- ☐ 7. None of the above

***Emotional issues** - During the past four weeks, to what extent have you accomplished less than you would like in your work or other daily activities as a result of emotional issues, such as feeling depressed or anxious

- ☐ 1. Extremely
- ☐ 2. Quite a bit
- ☐ 3. Moderately
- ☐ 4. Slightly
- ☐ 5. None at all

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?

- ◯ 1. Extremely
- ◯ 2. Quite a bit
- ◯ 3. Moderately
- ◯ 4. Slightly
- ◯ 5. 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)

- ◯ a. No
- ◯ b. Yes - one loss
- ◯ c. Yes - two or more serious losses

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

- ◯ a. No
- ◯ b. Yes

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 the closest to the way you have been feeling. How much of the time during the past four weeks ...

1. None of the time
2. A little of the time
3. Some of the time
4. A good bit of the time
5. All of the time

	1	2	3	4	5
a. Have you felt calm and peaceful?	○	○	○	○	○
b. Did you have a lot of energy?	○	○	○	○	○
c. Have you been a happy person?	○	○	○	○	○
d. did you take the time to relax and have fun daily?	○	○	○	○	○
e. Have you felt downhearted or blue? **(If you answer 3 or higher, please complete the depression evaluation)**	○	○	○	○	○
f. Have you felt worthless, inadequate, or unimportant?	○	○	○	○	○

(If you answer 3 or higher, please complete the depression evaluation)

Depression Evaluation

If you answered 3 or higher for the previous section "Feelings e. and f.", please complete the following:

A. None or little of the time.
B. Some of the time.
C. Most of the time.
D. All of the time.

	A	B	C	D
Been feeling low in energy, slowed down?	○	○	○	○
Been blaming yourself for things?	○	○	○	○
Had a poor appetite?	○	○	○	○
Had difficulty falling asleep, staying asleep?	○	○	○	○
Been feeling hopeless about the future?	○	○	○	○
Been feeling blue?	○	○	○	○
Been feeling no interest in things?	○	○	○	○
Had feelings of worthlessness?	○	○	○	○
Thought about or wanted to commit suicide?	○	○	○	○
Had difficulty concentrating or making decisions?	○	○	○	○

My Importance

Rate the importance to me of reaching and sustaining optimal mental and emotional fitness (managing stress and emotions well and maintaining a positive mindset):
1 - 10 (highest level)

- ◯ 1. Not important at all
- ◯ 2.
- ◯ 3.
- ◯ 4.
- ◯ 5. About as important as most of the other things I would like to achieve now
- ◯ 6.
- ◯ 7.
- ◯ 8.
- ◯ 9.
- ◯ 10. Most important thing in my life now

My Readiness to Change

My readiness to make changes or improvements to reach and sustain optimal mental and emotional fitness is:

- ◯ 1. I am already maintaining good energy levels consistently (6 mos. +)
- ◯ 2. I recently started working on this
- ◯ 3. I am planning a change this month
- ◯ 4. I am planning a change to start in the next 6 months
- ◯ 5. I have no present interest in making a change

My Confidence

My confidence level in my ability to reach and sustain optimal mental and emotional fitness (managing stress and emotions well and maintaining a positive mindset):

1 - 10 (highest level)

◯ 1. ◯ 2. ◯ 3. ◯ 4. ◯ 5. ◯ 6. ◯ 7. ◯ 8. ◯ 9. ◯ 10.

Thank you for completing this Well-Being Assessment.

If you wish to print a copy of this assessment simply click on the Print Form button at the bottom of this page.

Comments or suggestions are invited and welcome. Please email clients@wellcoaches.com.

Our best,

The Wellcoaches Team

Print Form