COACHING QUESTIONNAIRE

**MENTAL HEALTH**

1. How are you feeling?

2. Have you experienced a terrible occurrence that has impacted you significantly?

3. Do you ever feel like you are affected by feeling of edginess, anxiety or nerves?

4. Have you experienced a week or longer of lower-than-usual interest in activities that you usually enjoy? ( For example: hobbies, exercise, etc.)

5. If you answer yes to number 4, what are your current struggles?

6. How often have your experienced little pleasure of activities you enjoy?

7. Have you ever experienced an attack of fear, anxiety, or panic?

8. Do feelings of anxiety or discomfort around others bother you?

**PHYSICAL HEALTH**

9. Tell me about your sleeping habits. Any changes, restlessness?

10. How would you describe your appetite?

11. Do you have any health issues? If yes, please describe.

**WELLBEING**

12. Could you tell me about any times over the past few months that you've been experiencing low feelings, stress, or sadness?

13. How frequently have you been bothered by not being able to stop worrying?

**SELF PERCEPTION**

14. Tell me about how confident you have been feeling in your capabilities recently?

15. How often have you been satisfied with yourself over the last few months?

**HOPE AND ACHIEVING GOALS**

16. How often over the past few weeks have you felt the future was bleak?

17. Can you tell me about your hopes and dreams for the future?

18. Have you been working toward those goals?

19. What stops you from taking action?

20. What do you hope to gain from these sessions?

21. How happy are you where you are? (This could be related to life in general, career, relationship, finance, etc.)

22. What would you change, and why?

23. How would changing those things make a difference in your life?

24. How easy or hard it is for you to make changes?

25. What would accomplishing your goal(s) mean for you?

26. How do you plan to reach your goals?

27. What is the timeframe to reach your goal(s)?

28. What are your strengths?

29. What are your weaknesses?

30. Where do you see yourself in 5 years from now?

31. Have you ever seek help or received therapy? If yes, was therapy successful?

32. In what ways did it change you?