

Name of Potential Coaching Client: _____

DATE: _____

Integrative Health Coaching Mental Health Screening Questionnaire

The following questions are about your mental health and are meant to help figure out whether integrative health coaching is good for you at this time. All of the information you give is private and will be protected.

Over the <u>past 2 weeks</u>, how often have you been bothered by any of the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
Q1. Little interest or pleasure in doing things.	0	1	2	3
Q2. Feeling down, depressed or hopeless.	0	1	2	3
Q3. Are you <u>currently</u> receiving mental health counseling or receiving treatment from a psychiatrist or other mental health professional? Check next to one.				
Yes		No		

If yes, how often? _____

Date of last visit: _____

Q4. Have you been hospitalized for a psychiatric condition in <u>the past year</u>? (For example, hospitalized for feeling down, for depression, a breakdown, or for your nerves.) Circle one.	
Yes	No

Q5. Have you participated in an inpatient substance abuse rehabilitation program in the <u>past year</u>? Circle one:	
Yes	No

Q6. If you answered "yes" to Q4 or Q5, OR if total score on Q1 plus Q2 equals 4 or more, please fill in below:

Name of mental health provider: _____

Provider contact information (phone, address, email): _____

Q7. Is there anything else about your mental health you want to share before beginning coaching?
