

# MY LIFESTYLE INFORMATION

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## COMPLETION GUIDE

EACH PAGE OF THIS DOCUMENT IS A LITTLE DIFFERENT. ANSWER THE QUESTIONS AND FILL IN THE BLANKS WHERE APPROPRIATE. THIS DOCUMENT IS A REFERENCE POINT FOR MEASURING YOUR PROGRESS, PLEASE SET ASIDE AMPLE TIME TO COMPLETE EACH SECTION WITH YOUR HEALTH AND WELLNESS COACH FOR GREATEST RESULTS.

FIRST *Joey*

LAST *Doe*

DATE *01/01/2021*

CURRENT EATING HABITS:  
BREAKFAST

LUNCH **FILL OUT THE TEXT BOXES TO  
YOUR LEVEL OF COMFORT.**

DINNER

ON A SCALE FROM 1-10, I AM THIS  
SATISFIED WITH MY EATING HABITS:

UNSATISFIED SATISFIED

1 2 3 4 5 6 7 8 9 10

MARK YOUR RATING.

NOT LOWER BECAUSE:

DISCUSS WHY YOU DIDN'T CHOSE THE RATING  
JUST BELOW YOURS.

DAILY INTAKE OF:  
FRUITS

VEGGIES **BE DESCRIPTIVE. RECALL THE  
DETAILS OF YOUR DAILY  
HABITS AND RECORD THEM AS  
A REFERENCE POINT.**

WHOLE GRAINS

WHAT WOULD MAKE IT JUMP UP 1-2  
RATINGS?

DISCUSS WHAT IT WOULD TAKE FOR YOUR  
RATING GO UP 1 OR 2 MARKS.

BARRIERS TO PROPER NUTRITION:

TALK ABOUT WHAT STANDS IN YOUR WAY. WHAT WOULD IT TAKE TO OVERCOME EACH OF THESE  
BARRIERS?

MY PERSONAL GOAL(S) FOR HEALTHY EATING:

LIST YOUR HEALTH GOALS HERE. DREAM BIG. BALANCE YOUR GOAL BETWEEN "REALISTIC" AND  
"CHALLENGING." THINK ABOUT YOUR VISION OF HEALTH AND RECORD THE GOALS THAT WILL GET  
YOU THERE.

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FIRST

LAST

DATE

CURRENT NUTRITION:  
BREAKFAST

LUNCH

DINNER

ON A SCALE FROM 1-10, I AM THIS  
SATISFIED WITH MY EATING HABITS:



NOT LOWER BECAUSE:

DAILY INTAKE OF:  
FRUITS

VEGGIES

WHOLE GRAINS

WHAT WOULD MAKE IT JUMP UP 1-2  
RATINGS?

BARRIERS TO PROPER NUTRITION:

MY PERSONAL GOAL(S) FOR HEALTHY EATING:

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CURRENT PREFERENCES FOR EXERCISE:

CURRENT PHYSICAL ACTIVITY:  
MINUTES/DAY OF PURPOSEFUL EXERCISE

ACTIVITIES OF DAILY LIVING

ON A SCALE FROM 1-10, I AM THIS  
SATISFIED WITH MY EATING HABITS:



NOT LOWER BECAUSE:

PAST HISTORY OF EXERCISE:

LIKES

DISLIKES

WHAT WOULD MAKE IT JUMP UP 1-2  
RATINGS?

BARRIERS TO EXERCISE (INCLUDING PHYSICAL LIMITATIONS):

MY PERSONAL GOAL(S) FOR PHYSICAL ACTIVITY:

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## BODY WEIGHT HISTORY:

TODAY

1-YEAR AGO

5-YEARS AGO

10-YEARS AGO

## PREVIOUS WEIGHT LOSS ATTEMPTS:

## OPEN-ENDED QUESTIONS:

WHAT IS THE BEST EXPERIENCE YOU HAVE HAD WITH WEIGHT LOSS?

WHAT WORKED BEFORE?

HOW MIGHT YOUR DESIRED WEIGHT LOSS LEAD TO BENEFITS IN THE FUTURE?

WHAT DIDN'T WORK?

## BARRIERS TO WEIGHT LOSS:

## MY PERSONAL GOAL(S) FOR WEIGHT LOSS:

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## TOBACCO USE HISTORY:

YEARS OF USE

I AM READY FOR A QUIT ATTEMPT

YES

NO

## PREVIOUS QUIT ATTEMPTS:

## OPEN-ENDED QUESTIONS:

WHAT IS THE BEST EXPERIENCE YOU HAVE HAD WITH QUITTING TOBACCO?

HOW MIGHT QUITTING TOBACCO LEAD TO BENEFITS IN THE FUTURE?

WHAT WORKED BEFORE?

WHAT ARE THE PAYOFFS OF CONTINUED USE?

WHAT DIDN'T WORK?

## BARRIERS TO QUITTING TOBACCO:

## MY PERSONAL GOAL(S) FOR QUITTING TOBACCO:

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## ALCOHOL CONSUMPTION

I WOULD LIKE TO CHANGE MY ALCOHOL CONSUMPTION

YES

NO

MY APPROACH TO ENJOYING ALCOHOL:

OPEN-ENDED QUESTIONS:

HOW WILL I BENEFIT FROM CHANGING MY ALCOHOL CONSUMPTION?

WHAT CONCERNS DO I HAVE ABOUT CHANGING MY ALCOHOL CONSUMPTION?

NUMBER OF DAYS/ WEEK WHEN ALCOHOL IS CONSUMED:

WHAT ARE THE PAYOFFS OF NOT CHANGING MY ALCOHOL CONSUMPTION?

AVERAGE NUMBER OF DRINKS/DAY WHEN ALCOHOL IS CONSUMED:

BARRIERS TO CHANGING ALCOHOL CONSUMPTION:

MY PERSONAL GOAL(S) FOR CHANGING ALCOHOL CONSUMPTION:

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HOW FREQUENTLY DO YOU DREAM?

CURRENT SLEEP HYGIENE:  
BEDTIME

WAKE UP

ON A SCALE FROM 1-10, I AM THIS  
SATISFIED WITH MY SLEEP QUALITY:



NOT LOWER BECAUSE:

AVERAGE NUMBER OF HOURS OF  
SLEEP/NIGHT?

PLEASE SHARE YOUR IDEAL SLEEP  
CONDITIONS HERE:

WHAT WOULD MAKE IT JUMP UP 1-2  
RATINGS?

BARRIERS WITH SLEEP QUALITY/QUANTITY:

MY PERSONAL GOAL(S) FOR SLEEP HYGIENE:

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DESCRIBE HOW YOU LIKE TO RELAX:

DURING THE PAST WEEK, RATE OVERALL STRESS LEVEL:



DURING THE PAST MONTH, RATE OVERALL STRESS LEVEL:



- 1 LOW STRESS: FEELING CALM AND IN CONTROL
- 2
- 3 MODERATE STRESS
- 4
- 5 HIGH STRESS: FEELING FRANTIC AND OUT OF CONTROL

ON A SCALE FROM 1-10, I AM THIS SATISFIED WITH MY STRESS MANAGEMENT ROUTINE:



NOT LOWER BECAUSE:

WHAT WOULD MAKE IT JUMP UP 1-2 RATINGS?

BARRIERS WITH MANAGING STRESS:

MY PERSONAL GOAL(S) FOR MANAGING STRESS AND INCREASING RELAXATION:



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## OVERALL HEALTH GOALS

MY PRIMARY NUTRITION GOAL:

MY PRIMARY TOBACCO GOAL:

MY PRIMARY ALCOHOL GOAL:

MY PRIMARY PHYSICAL ACTIVITY GOAL:

MY PRIMARY SLEEP GOAL:

MY PRIMARY BODY WEIGHT GOAL:

MY PRIMARY STRESS MANAGEMENT GOAL:

ANOTHER GOAL THAT IS IMPORTANT TO ME: