Chapter 7

Client Assessment

“It takes a lot of courage to show your dreams to someone else.”
— Erma Bombeck

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After reading this chapter, you will be able to:

- Identify the value of assessments to the coaching partnership
- Review a sample Well-Being Assessment
- Identify medical or mental health red flags
- Prepare for and support the first coaching session
- Identify additional assessments to use with clients
- Discover client learning modes and styles
THE VALUE OF ASSESSMENTS

Assessments are valuable tools in the coach’s toolbox and offer a variety of benefits to the coaching partnership. When coaches are integrated into healthcare or health promotion programs, tracking health behavioral and biometric data through assessments is vital for program outcomes measurement. Health risk appraisals are now widely validated and used as tools by health plans and employers to measure health and lifestyle status as well as change readiness and to identify “red flags” with respect to mental health status or medical care gaps.

Coaches use a variety of assessments of life or wellness domains (the wheel is a common metaphor) and one example of a life wheel assessment, focused on self-care, is featured in Chapter 12. More recently, assessments of character strengths or talents have emerged which provide an excellent springboard for new directions in coaching sessions. Coaches may decide to get training on the use of specialized assessments in other areas including emotional intelligence or personality type.

When asking clients to complete assessments it’s important to explain the rationale for the assessment (e.g. outcomes measurement pre and post coaching, a coaching tool to stimulate reflection and self-awareness, or an assessment of a new area to support a new direction or topic for coaching) and the nature of the assessment (e.g. external source, validated by research, supported by specialized training, coach-generated).

Assessments are invaluable to coaches in the health, fitness, and wellness fields because they provide:
• An overall picture of the client’s present state of being including physical health, lifestyle habits, strengths, life satisfaction, and readiness to make changes.
• A snapshot to better understand and appreciate the client’s life context. The coaching questions and approach for a client who has significant health issues such as obesity, hypertension, back injury, or cancer is different than the approach for a highly motivated, fit client.
• If a client has suffered a major loss, or was recently diagnosed with a major illness, understanding this situation early is important because of the impact on the client’s interest and ability to tackle change.
• Early indication of the client’s strengths and healthy habits as well as health risks and areas of challenge.

Assessments are particularly helpful at the beginning of a coaching program because they not only inform coaches, they also help clients gain self-awareness, insights, and a sense of their priorities for a coaching program. Assessments are also efficient because precious coaching time isn’t used to gather a lot of data, which can feel like an interrogation.

The process of deliberately answering questions about one’s priorities, needs, values, readiness, and challenges in health and well-being promotes self-discovery and expands awareness. By stimulating such mindful noticing, assessments begin the coaching process even before the first coaching session. People become more aware of who they are, where they are starting, what well-being encompasses, and where they want to go. The International Coach Federation identifies
“creating awareness” as a Core Coaching Competency (2008) precisely because awareness precedes action in the service of client goals.

Progress depends upon clients expanding their awareness of what is possible. This cannot be done FOR them without provoking resistance (see Chapters 4 and 5). They must do it for themselves, and assessments are an excellent way to get the conversation started. Through listening, inquiry, and reflections, coaches can then expand client awareness even further in the process of assisting clients to climb the Mount Lasting Change Pyramid (see Chapter 3). At its best, ever-expanding awareness generates an upward spiral of continuous learning, growth, and development.

**Sample Well-Being Assessment**

In this chapter we present a sample Well-Being Assessment (see Appendix A for the sample assessment) as a coaching tool appropriate for use by credentialed professionals in mental and physical health, and built upon the health risk assessment developed by Dee Edington, PhD, a leading health promotion researcher at the University of Michigan (University of Michigan, 2008). Ideally, a paper or online assessment is completed prior to the first coaching session, serving to enhance the client's self-awareness and to provide foundational information for the coach.

A holistic Well-Being Assessment covers the many different components of well-being, including:

1. Energy – Such as levels of energy throughout a typical day, including energy boosters and energy drains
2. Life satisfaction – Such as sense of purpose, joy, gratitude, work satisfaction, and personal relationship satisfaction

3. Mental and Emotional Fitness – Such as coping skills, resilience, sleep patterns, stress levels, emotional status, social activity/support, and personal loss

4. Weight Management – Such as Body Mass Index, height, weight and waist measurement

5. Physical activity / exercise – Such as frequency and types of physical activity

6. Nutrition – Such as intake frequency of healthy snacks, whole grains, fruits and vegetables, water, soft drinks, alcoholic beverages, and trans fats

7. Health – Such as blood pressure, cholesterol, heart rate, relationship with a physician, women’s/men’s health issues, frequency of illness, medications, tobacco use, and personal/family health history.

IMPORTANT! Assessments can help identify “red flags” or support a coaching discussion on the topic of physical health issues (e.g. medical care gaps, injury, or contraindications to exercise) or mental health issues (depression or other mental health concerns) where a referral may be important or even critical. Any coach who is helping a client set goals in the area of exercise, regardless of credentials, should be aware of guidelines for safety around beginning an exercise program, and when exercise testing is recommended before starting to exercise (see ACSM guidelines later in this chapter).
Additionally, an assessment can provide initial information about a client's:

1. Priorities – An assessment can be designed to calculate, or allow clients to indicate, their areas of highest priority. For example, on a scale of 0-10 (highest), the client may indicate that focusing the coaching program on improving life satisfaction is a 10 (highest priority) while improving nutritional habits is a 5 (of average priority).
2. Confidence – Similarly, the assessment may include a method for clients to indicate the strength of their belief in their ability to make a behavior change. This information enables the coach to more appropriately design opportunities for the development of self-efficacy by working with the appropriate personal, environmental, and behavioral factors (see Chapter 6).
3. Readiness for change – It is beneficial for an assessment to create an awareness of the client's stage of change within the various areas (see Chapter 3). When it comes to moving a client forward, each of the five stages of change (pre-contemplation, contemplation, preparation, action and maintenance) require a different approach for exploration. Knowing where a client stands in terms of their readiness is critical for setting goals that are appropriate to the client's stage of change and for building self-efficacy.

Other benefits of having clients complete a Well-Being Assessment include:
1. Trust and rapport - When building trust with a new client, an online or paper assessment provides them with a safe space in which to first tell their "story."

2. Honoring personality preferences - Clients with a preference for introversion, will tend to be more comfortable communicating personal information in writing, at least initially, than those with a more extroverted preference.

3. The written word – There is power in providing clients with an opportunity to see a qualitative and quantitative summary of their state of well-being. For the same reasons that writing down goals is important, seeing the information collectively can be both affirming and a powerful motivator for action.

**REVIEWING A WELL-BEING ASSESSMENT**

Prior to the first coaching session, take time to carefully review your client’s completed assessment. In reviewing, the goal is not to evaluate but to consider the responses with curiosity, keeping in mind that the assessment never provides the client’s entire story. Open-minded curiosity will enable you to ask better questions during the assessment review, use intuition and see what is unsaid, challenge your own assumptions about the client, develop a strengths-based framework through which to appreciate the client, and be more open to new information and energy shifts during the first coaching session.

**Seek out Successes**

It is tempting to begin an assessment review with a search for all of the “problems” or areas to “fix.” Drawing on the lessons from the disciplines
of Appreciative Inquiry (Chapter 4) and Positive Psychology (Chapters 6 and 12), we know that “what we focus on grows” and that “our first questions are fateful.” Therefore, if we begin our initial review of the client’s information with a focus on what’s “wrong,” we are more likely to support that tendency in coaching sessions. Additionally, it is much more respectful and empowering to frame clients as “creative, resourceful, and whole,” a phrase coined by the Coaches Training Institute. Starting with the assumption that all clients can tap into capacities and leverage strengths for positive change will enable you to better support clients in the building of both self-efficacy and self-esteem (see Chapter 6).

Notice the Client’s Areas of Arousal
The next task in reviewing a client’s assessment is to look for the areas in which the client is feeling an emotional charge, either positive or negative. Look for places in which the client indicates there is a concentrated energy, such as in their priorities for change and the importance they assign to each of the well-being areas. As you review, be mindful of your own energy and emotional reactions (see Chapter 2). It is helpful to consider what is alive in you by having the opportunity to work with this client. Last, take a moment to think positive and supportive thoughts about the client’s ability to make desired changes.

Consider the Stages of Change
If the assessment includes indicators of the client’s stage(s) of change, consider how this might impact the coaching program and the client’s needs. Remember the priority of cognitive / emotional goals in the early
stages of change and the priority of planning / action goals in the later stages of change (see Chapter 3).

**Question Gaps**

Due to design or user errors or incomplete answers, assessments will sometimes leave the coach with questions about inconsistencies in responses. For example, a client may name improving nutrition as the “highest priority” while indicating a low score in terms of readiness to change. In these cases, the coach will want to take note and be prepared to inquire about the discrepancy in information during the first coaching session with the client.

**Note Concerns**

Lastly, the assessment review should include an examination of any mental health or medical concerns indicated by the client.

**PHYSICAL HEALTH RISKS**

IMPORTANT: Be aware of any “red flags” such as health risks, injuries, or other health concerns that might require a physician release before engaging in regular exercise. If exercise will be a part of the coaching program, a physician release form can be provided to the client to give to his/her physician (see Appendix C for a sample physician release form). Guidelines pertaining to the need for medical clearance and exercise participation are available from the American College of Sports Medicine (ACSM). Those guidelines and the ACSM risk classification are adapted and summarized below.
Other issues, such as depression, may be important to discuss. Such issues may limit the efficacy of a coaching program or may justify a referral (see below). Clients may already be working with other professionals and may view coaching as complementary part of their forward progress. In any case, it is important to discuss the circumstances of any client health risk.

If clients share in their assessment or in a coaching session a serious or even life-threatening mental health or physical health issue, advise them that the situation is outside your scope of skills and credentials and encourage / assist them to seek professional help as soon as possible.

**ACSM Guidelines**

Prior to starting a **vigorous** exercise program, it is recommended that moderate or high-risk individuals (see definitions below) see a doctor or have exercise testing before participation. Vigorous exercise is the equivalent of running or walking faster than 4 mph (6.5 kmph).

Prior to starting a **moderate** exercise program, only high-risk individuals are recommended to see a physician. Moderate exercise is the equivalent of brisk walking at 3-4 mph (4.6-6.5 kmph) or an activity that can be sustained for about 45 minutes.
**Heart Disease Risk Factors:** (from ACSM Guidelines for Exercise Testing and Prescription, 8th edition, 2009)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history</td>
<td>Myocardial infarction, coronary revascularization, or sudden death before 55 yr of age in father or other male first degree relative, or before 65 yr of age in mother or other female first degree relative</td>
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<tr>
<td>Cigarette smoking</td>
<td>Current cigarette smoker or those who quit within the previous 6 months or exposure to environmental tobacco smoke</td>
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<tr>
<td>Sedentary lifestyle</td>
<td>Not participating in at least 30 min of moderate intensity (40%-60%&lt;Voverdot&gt;O_2R) physical activity on at least 3 days of the week for at least 3 months.</td>
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<tr>
<td>Obesity</td>
<td>Body mass index ≥30 kg⋅m^{-2} or waist girth &gt;102 cm (40 inches) for men and &gt;88 cm (35 inches) for women.</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Systolic blood pressure ≥140 mm Hg and/or diastolic ≥90 mm Hg, confirmed by measurements on at least two separate occasions, or on antihypertensive medication.</td>
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<tr>
<td>Dyslipidemia</td>
<td>Low-density lipoprotein (LDL-C) cholesterol ≥ 130 mg⋅dL^{-1} (3.37 mmol⋅L^{-1}) or high-density lipoprotein (HDL-C) cholesterol &lt; 40 mg⋅dL^{-1} (1.04 mmol⋅L^{-1}), or on lipid-lowering medication. If total serum cholesterol is all that is available use ≥ 200 mg⋅dL^{-1} (5.18 mmol⋅L^{-1}).</td>
</tr>
<tr>
<td>Pre-diabetes</td>
<td>Impaired Fasting Glucose (IFG) = fasting plasma glucose ≥100 mg⋅dL^{-1} (5.50 mmol⋅L^{-1}) but &lt; 126 mg⋅dL^{-1} (6.93 mmol⋅L^{-1}) or Impaired Glucose Tolerance (IGT) = 2-hour values in oral glucose tolerance test (OGTT) ≥ 140 mg⋅dL^{-1} (7.70 mmol⋅L^{-1}) but &lt; 200 mg⋅dL^{-1} (11.00 mmol⋅L^{-1}) confirmed by measurements on at least two separate occasions.</td>
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**ACSM Risk Classification**

- **Low risk:** Asymptomatic men (<45) and women (<55) who have \( \leq 1 \) heart-disease risk factor

- **Moderate risk:** Asymptomatic men (>45) and women (>55) who have \( \geq 2 \) heart-disease risk factors

- **High risk:** Individuals who have known cardiovascular, pulmonary, or metabolic disease or one or more signs and symptoms from the following list:

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Clarification/Significance</th>
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</table>
| Pain, discomfort (or other anginal equivalent) in the chest, neck, jaw, arms, or other areas that may result from ischemia | One of the cardinal manifestations of cardiac disease, in particular coronary artery disease. Key features favoring an ischemic origin include:  
  - **Character:** Constricting, squeezing, burning, “heaviness” or “heavy feeling”  
  - **Location:** Substernal, across midthorax, anteriorly; in one or both arms, shoulders; in neck, cheeks, teeth; in forearms, fingers in interscapular region  
  - **Provoking factors:** Exercise or exertion, excitement, other forms of stress, cold weather, occurrence after meals  
  Key features against an ischemic origin include:  
  - **Character:** Dull ache; “knifelike,” sharp, stabbing; “jabs” aggravated by respiration  
  - **Location:** In left submammary area; in left hemithorax  
  - **Provoking factors:** After completion of exercise, provoked by a specific body motion |
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shortness of breath at rest or with mild exertion</strong></td>
<td>Dyspnea (defined as an abnormally uncomfortable awareness of breathing) is one of the principal symptoms of cardiac and pulmonary disease. It commonly occurs during strenuous exertion in healthy, well-trained persons and during moderate exertion in healthy, untrained persons. However, it should be regarded as abnormal; when it occurs at a level of exertion that is not expected to evoke this symptom in a given individual. Abnormal exertional dyspnea suggests the presence of cardiopulmonary disorders, in particular left ventricular dysfunction or chronic obstructive pulmonary disease.</td>
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<tr>
<td><strong>Dizziness or syncope</strong></td>
<td>Syncope (defined as a loss of consciousness) is most commonly caused by a reduced perfusion of the brain. Dizziness and, in particular, syncope <em>during</em> exercise may result from cardiac disorders that prevent the normal rise (or an actual fall) in cardiac output. Such cardiac disorders are potentially life-threatening and include severe coronary artery disease, hypertrophic cardiomyopathy, aortic stenosis, and malignant ventricular dysrhythmias. Although dizziness or syncope shortly <em>after</em> cessation of exercise should not be ignored, these symptoms may occur even in healthy persons as a result of a reduction in venous return to the heart.</td>
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<tr>
<td><strong>Orthopnea or paroxysmal nocturnal dyspnea</strong></td>
<td>Orthopnea refers to dyspnea occurring at rest in the recumbent position that is relieved promptly by sitting upright or standing. Paroxysmal nocturnal dyspnea refers to dyspnea, beginning usually 2-5 h after the onset of sleep, which may be relieved by sitting on the side of the bed or getting out of bed. Both are symptoms of left ventricular dysfunction. Although nocturnal</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
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<td>---------------------------</td>
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</tr>
<tr>
<td>Dyspnea</td>
<td>May occur in persons with chronic obstructive pulmonary disease, it differs in that it is usually relieved after the person relieves himself or herself of secretions rather than specifically by sitting up.</td>
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<tr>
<td>Ankle edema</td>
<td>Bilateral ankle edema that is most evident at night is a characteristic sign of heart failure or bilateral chronic venous insufficiency. Unilateral edema of a limb often results from venous thrombosis or lymphatic blockage in the limb. Generalized edema (known as anasarca) occurs in persons with the nephrotic syndrome, severe heart failure, or hepatic cirrhosis.</td>
</tr>
<tr>
<td>Palpitations or tachycardia</td>
<td>Palpitations (defined as an unpleasant awareness of the forceful or rapid beating of the heart) may be induced by various disorders of cardiac rhythm. These include tachycardia, bradycardia of sudden onset, ectopic beats, compensatory pauses, and accentuated stroke volume resulting from valvular regurgitation. Palpitations also often result from anxiety states and high cardiac output (or hyperkinetic) states, such as anemia, fever, thyrotoxicosis, arteriovenous fistula, and the so-called idiopathic hyperkinetic heart syndrome.</td>
</tr>
<tr>
<td>Intermittent claudication</td>
<td>Intermittent claudication refers to the pain that occurs in a muscle with an inadequate blood supply (usually as a result of atherosclerosis) that is stressed by exercise. The pain does not occur with standing or sitting, is reproducible from day to day, is more severe when walking upstairs or up a hill, and is often described as a cramp, which disappears within 1-2 min minutes after stopping exercise. Coronary artery disease is more prevalent in persons with intermittent claudication. Patients with diabetes are at increased risk for this condition.</td>
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</table>
Known heart murmur

Although some may be innocent, heart murmurs may indicate valvular or other cardiovascular disease. From an exercise safety standpoint, it is especially important to exclude hypertrophic cardiomyopathy and aortic stenosis as underlying causes because these are among the more common causes of exertion-related sudden cardiac death.

Unusual fatigue or shortness of breath with usual activities

Although there may be benign origins for these symptoms, they also may signal the onset of, or change in the status of cardiovascular, pulmonary, or metabolic disease.

The health section of an assessment addresses areas and conditions that may or may not warrant medical clearance. This section may also illustrate other issues, such as:

- The need for a referral to a health professional.
- An exercise program recommendation with specific limitations on exercise selections.
- The initial type of exercise program recommended (e.g., no strength-training, only aerobic conditioning).

MENTAL HEALTH RISKS

It is also important to consider whether clients have significant emotional or mental health risks that would impair their ability to move forward in a coaching relationship. Remember that coaching is distinct from counseling or therapy. While traditionally a psychologist or therapist works to understand how the past is affecting and influencing the present to help clients heal emotional wounds, resolve problems, or
process undigested life issues, a coach works in the present, helping the client define goals and create a new future.

When to Refer Clients

Although coaches do not diagnose mental health risks, they should know what to look for in order to make appropriate referrals to a psychologist, therapist, or physician for consultation. The following indicators are examples and not all inclusive (see Appendix B for additional mental health indicators):

- **Depression**: Clients who are not eating or sleeping in a normal pattern, such as not sleeping or sleeping all of the time, have lost their appetite, or are binge eating, may be showing signs of clinical depression and may need to be referred their physicians.

- **Eating disorders**: Clients who have lost a great deal of weight without surgery and/or medication, and continue to do so when advised it will be harmful to their health (anorexia), exercise beyond their normal physical capacity, or continue to gain and/or loss 20-30 pounds without stabilizing their weight may be showing signs of an eating disorder and may need to be referred their physicians.

- **Substance abuse**: Clients who display unusual behaviors, such as acting out or violent outbursts, that are uncharacteristic of their usual behaviors may be showing signs of substance abuse, including steroid use, and may need to be referred to their physicians.

- **Anxiety disorders**: Clients who suffer from panic attacks,
claustrophobic behavior, or shortness of breath may be showing signs of anxiety disorder and may need to be referred to their physicians.

**Honor your Intuition and the Client**

If you have a sense that a client should seek further medical attention, or needs resources beyond your expertise, respectfully yet candidly express your concern. If the client then chooses not to engage with additional resources, it is recommended that you terminate the coaching relationship until the client has received the appropriate assistance.

**Be Professional & Build a Network**

It is valuable to build relationships with highly-respected therapists and therapist groups in your area. You can then refer clients to professionals who you know and respect. This may also lead to cross-referrals and business-building. If you don’t have the ability to make such a referral directly, always recommend that clients see their primary care physicians for a referral (be sure to document the date and time that you make such recommendations in case it comes up later). If you seek advice about a client that you believe has a mental health problem, be sure to follow the Health Insurance Portability and Accountability Act (HIPAA) rules (privacy of personal health information), taking full precautions not to share the client’s name or any revealing personal information.
DISCUSSING A WELL-BEING ASSESSMENT

The first coaching session with a client is an opportunity for establishing trust and rapport (see Chapter 2), confirming your sense of things based on any assessments that may have been completed ahead of time, and determining the readiness/energy level of the client for change. It should never be assumed that assessments completed ahead of time reveal the whole story or reflect how the client will be feeling when the first coaching conversation finally takes place.

Also, mistakes or misinterpretation of questions can sometimes occur when filling out forms. Confirming important items that might be significant in working towards a client’s vision, or checking in on items that don’t seem to add up based on other comments in a coaching conversation, is wise.

That’s why it’s so important for coaches to practice mindfulness and to be in the moment with clients (see Chapter 2), rather than fixated on the results of an assessment. Assessments are helpful as guides; they become hurtful when they introduce an agenda that triggers a client to become resistant.

First, establish Trust and Rapport

As discussed in Chapter 2, it is crucial to establish trust and rapport with clients at the outset of every coaching session; that is especially true at the outset of the first coaching session. Coach and client are unknown to each other, apart from materials exchanged ahead of time, so it is
essential for coaches to put clients at ease and to bring them into their confidence through:

- Holding them in positive regard
- Expressing empathy
- Slowing down
- Listening with full attention
- Allowing them to formulate and find their own answers
- Honestly sharing observations
- Under promising and over delivering
- Being humble in sharing information and advice
- Honoring confidentiality

Then, connect with What’s Alive

Thank the client for completing an assessment(s), and get a sense of their experience and learning from assessments. Ask the client to share any feelings, issues, or questions they may have in the wake of the assessment(s). Pay attention to the emotional charge as well to the underlying needs so that you can offer an empathy reflection in reply (see Chapter 5). Be sure the client feels heard and respected, on an emotional level, before moving on.

“What’s alive for you right now?” is the operative question. Regardless of how they may have rated and prioritized things at the time of the assessment(s), coaches work with clients in the moment. Things may have shifted between then and now, for any number of reasons (including the taking of the assessment(s) themselves). It’s the job of
the coach to remain open to the presenting energy and issues of the client, rather than to show up with an agenda for the coaching session (however grounded that may be in the assessments). The aim is to flow and co-construct things with the client, rather than to wear the expert hat of teacher / advisor.

**Use AI to Discover Client Successes, Strengths, Frameworks, and Wishes**

The best way to discuss an assessment is to use the information gleaned from the assessment to make powerful, client-specific, strength-based inquiries in a way that will assist clients to know themselves and to move forward in the direction of their desired future (see Chapter 4). By asking clients open-ended questions about their successes, strengths, frameworks, and wishes, you will not only learn more about their priorities and what they want to focus on at this time, you will also elevate their readiness and energy for change. Clients are used to taking assessments which reveal flaws that need to be repaired; it is refreshing when assessments are used to reveal strengths that need to be reinforced.

That is the work and shift of masterful coaching. It is all about paying attention to and building on the energy clients show up with for coaching. When their energy is low (whether physically, mentally, emotionally, or spiritually), appreciative empathy can bring new energy. When their energy is high, appreciative inquiry can assist them to get or stay inspired. Either way, discovering client successes, strengths, frameworks, and wishes that are grounded in reality as revealed by the
assessment(s) and by what they have to say now, in the moment, will enable clients to develop a vision and to design appropriate actions.

**Discover Preferred Client Learning Modes and Styles**

People learn best in different ways. More than 80 learning-style models have been developed and another book would be needed to do them justice. The Myers Briggs and DISC assessments, to mention only two of the more popular (see below), reveal learning styles and are among the models to consider. While there is considerable criticism of the validity of learning style models and assessments by psychologists and psychometricians, there is no dispute that we can observe individual preferences in learning styles. Take weight loss, for example. Some prefer to learn from books, some want a close personal mentor such as a personal trainer, some enjoy online self-help programs or online social networks, some value a local live group discussion or class format, some seek out competitions, while others do best when they go away for an intensive learning week with experts.

One of the ICF Core Coaching Competencies relates to learning style: “Demonstrates respect for client's perceptions, learning style, personal being.” Apart from such respect, it’s not possible for clients to connect with coaches in ways that promote their learning and growth. As we discuss a Well-Being Assessment with clients, it’s important to notice the language and approaches they use for indications of their preferred learning modes and styles. We can then better come alongside clients in the process of enabling them to more rapidly and successfully acquire new knowledge and skills. Learning modes and styles that are used widely include the following:
Learning Modes

- **Aural learners**: Clients who learn best by listening would rather listen to someone speak than read information or see illustrations. They prefer to take in information by ear. Self-help audiotapes or podcasts may be ideal.

- **Visual learners**: Clients who learn best by seeing illustrations would rather look at drawings, video clips, or other visual media. They may not absorb or remember information given without a visual component.

- **Print learners**: Clients who learn best by reading prefer to see the written word. Articles, books, and websites are good resources. Print learners are often note-takers (see below).

- **Verbal learners**: Clients who are articulate and like to talk learn best by speaking. It is helpful to have these clients repeat key information and instructions. This helps them internalize and remember, especially if they are not note-takers.

- **Interactive learners**: Clients who learn best by exchanging ideas do best in live groups or with a trainer/educator, including a coach. These clients want to talk and stay actively involved in the process. Suggest that these clients discuss your coaching sessions with other trusted people to reinforce the positive effects.

- **Kinesthetic learners**: Clients who learn best kinesthetically prefer to use movement and psychomotor skills. They would enjoy, for example, performing exercises with you watching in person or via web camera. They need to feel their legs bending at 90 degrees during a squat. They also benefit from role-playing situations, such as how to "just say no" to offers of second helpings of cake.
• **Tactile learners:** Clients who learn best tactiley prefer hands-on activities. They like to handle objects or put things together physically. They like to feel the weight of a dumbbell when talking about the appropriate weight to use for an exercise, for example. They enjoy being creative in using of hands-on activities, such as posting their food log on the refrigerator or using a pedometer (which they touch and open to gauge progress).

**Learning Styles**

• **Note-taker:** Note-takers learn best when they write or type information, goals, and instructions, rather than having it done for them or given to them. Writing the information themselves helps them think it through, absorb it better, and remember it better. It gives them a more active role.

• **Detail-oriented:** These clients may use any of the above modes for learning, but what sets them apart is the amount of detail they require. They want to understand “why” as well as “what” and “how.” They are often intelligent, highly educated, and in a detail-oriented profession.

• **Holistic:** These clients don’t want detail and will be bored by it. They want a sense of the whole – how it all fits together. They are often visual or kinesthetic learners.

• **Affective:** These clients are people-oriented and focused on emotions and involvement with others. They respond to exploring their own attitudes and those of others as a means to learning. Rather than starting with a concept, start with an example that involves emotions or other people and then work on the concept. These clients often put others ahead of themselves and need to
be encouraged to nurture themselves.

- **Observer**: These clients like to watch and listen, and may take a while before interacting easily with you. Don’t be discouraged if they seem passive. Ask, “Do you learn best just taking things in?” Take small steps drawing them out so they may become independent learners with time.

- **Self-directed**: These clients will take the ball and run with it. They like to be in charge of their decisions and actions, and will sometimes take over the coaching session. They want options and information before being questioned about the direction they want to take. They like doing their own research, so point them in the right direction and let them go. Frequently ask them what they learned. By telling you, they’ll reinforce it in their own minds and behavior.

- **Thinker**: These clients rely on reason and logic. They like to analyze and evaluate concepts and ideas. They are intelligent, independent, and like to challenge ideas they don’t think have merit. They want coaches who match their intellectual level.

**IMPORTANT**: Don’t be afraid to ask clients directly about their preferred learning modes and styles. A direct question, such as, “What do you know about how you learn best?” can generate a treasure-trove of growth-promoting value. Although some clients won’t have any idea, others will be able to tell you specifically what works for them. Be responsive to what you learn and go with what works when it comes to promoting client learning and growth.
Note that some learners may need a variety of learning modalities employed for the same information, and plenty of repetition. Other learners may consider repetition a time-waster, they may seem impatient or easily irritated when you repeat, especially if they are note-takers. Be sensitive to how clients are responding.

ADDITIONAL ASSESSMENTS FOR COACHING

The sample Well-Being Assessment in Appendix A provides a template for an assessment for health, fitness, and wellness coaches. There are, however, numerous other health risk appraisals used in corporate health promotion programs which also provide a useful starting point. There are also many other assessments that coaches use initially, or during the coaching relationship, to support the client in creating greater self-awareness. The following list includes eight assessments that coaches have used and have found helpful in their work with clients:

1. VIA Signature Strengths Questionnaire – no training required
   (www.authentichappiness.com)
   Used in Chapter 10 to assist coaches to identify their own Signature Strengths, the Values-in-Action (VIA) Signature Strengths Questionnaire is a free 240-question assessment, hosted by the University of Pennsylvania, which measures and reports 24 character strengths in rank order. The site also hosts numerous other free assessments of optimism and mental health.
2. Clifton StrengthsFinder – no training required  
(www.strengthsfinder.com)  
Developed and sponsored by the Gallup organization, this fee-based assessment measures and reports strengths in rank order using a 34-theme schema. The tool is a favorite of the business community because it provides ideas for action that connect talent development with performance improvement. (Buckingham & Clifton, 2001)

3. Wellness Inventory – training required  
(www.wellnessinventory.net)  
This on-line Wellness Inventory is a whole person assessment program based on the work of wellness pioneer John W. Travis, MD, MPH.

4. The Energy Wizard - no training required  
(www.energizeforsuccess.com)  
This on-line, 40-question assessment, developed by Gloria Silverio, MA, measures energy level and provides suggestions for maximizing energy.

5. Mayo Clinic Health Tools  
(www.mayoclinic.com/health/HeathToolsIndex/HealthToolsIndex)  
The Mayo Clinic web site contains a variety of health management tools and assessments.
6. The Quality of Life Inventory – training available but not required (www.pearsonassessments.com/tests/qoli.htm)  
This is a brief but comprehensive assessment that provides a profile of strengths and problems in 16 areas of life, such as love, work, health, and play.

7. DISC = training required (www.ttidisc.com/ourproducts.php)  
DISC – Dominance, Influence Steadiness, Compliance is a four quadrant behavioral model that examines the behavior of individuals in their environment or within a specific situation. DISC looks at behavioral styles and preferences.

8. Enneagram – training required (www.enneagraminstitute.com)  
A system of nine interrelated personality types that can be useful for self-discovery. The Enneagram is diagrammed as a nine-point star within a circle. Each point corresponds to one personality type. Three are body-based types, three feeling-based, and three thinking-based.

9. Myers Briggs Type Indicator – training required (www.myersbriggs.org)  
One of the most widely used and highly respected measures of personality preferences. It identifies individual preferences in terms of four pairs of opposing preferences: Extroversion-Introversion, Sensing-Intuition, Thinking-Feeling, and Judging-Perceiving.
Review and Discussion Questions

1. What is the benefit of asking a client to complete an assessment prior to the first coaching session?

2. Describe the steps to take in reviewing a Well-Being Assessment.

3. When reviewing an assessment, what is the value in looking first for strengths and areas for celebration?

4. During an initial coaching conversation, how does one best approach the client with information gleaned from an assessment?

5. What is the potential impact of making assumptions about a client?

6. How might a client's stage of change impact the first coaching session?

7. What is a medical “red flag”?

8. List three physical health “red flags” that would require a referral to a health professional or a physician’s release.

9. List three mental health “red flags” that would prompt you to refer your client to a therapist.

10. Name three types of “learning styles” and explain how a client might learn best for each style.
References


Suggested Reading


Appendix A
Sample Well-Being Assessment

This assessment addresses the following eight categories, as well as the importance, readiness, and confidence in each category:

- Energy
- Sleep and Stress Management
- Life Satisfaction
- Life Balance
- Weight
- Exercise
- Nutrition
- Health Issues

Energy

Often / Sometimes / Rarely / Never: In a typical work-day, my energy is high, I am vigorous, and I am able to perform at my best.

Often / Sometimes / Rarely / Never: When not working, my energy is high, I am vigorous, and I am able to perform at my best.

ENERGY BOOSTERS – I experience the following energy boosters in my life:

Y / N Healthy sleep
Y / N Regular exercise
Y / N Healthy eating habits
Y / N Stress management, relaxation, or fun activities
Y / N Maintaining healthy weight
Y / N Maintaining good physical health
Y / N Healthy mindset
Y / N Healthy work relationships
Y / N Healthy family and personal relationships
Y / N Healthy finances
Y / N Job satisfaction
Y / N Spiritual activities and practices
Y / N Other – describe

____________________________________
ENERGY DRAINS – I experience the following energy drains in my life:

Y / N Poor or insufficient sleep
Y / N Too little exercise
Y / N Unhealthy eating habits
Y / N Stress
Y / N Weight management issues
Y / N Physical health issues
Y / N Pessimism or emotional issues
Y / N Work relationship issues
Y / N Family or relationship issues
Y / N Financial issues
Y / N Job Issues
Y / N Lack of spirituality
Y / N Other – describe

Readiness for Change: My readiness to make changes or improvements in my energy level (circle one):

A. No present interest in making a change
B. Plan a change in the next 6 months
C. Plan to change this month
D. Recently started doing this
E. Already do this consistently (6 mos. +)

High/Medium/Low: My confidence in my ability to make a positive change regarding my energy level.

High/Medium/Low: My priority for making change in the area of energy.
**Sleep and Stress Management**

**SLEEP**

**Often / Sometimes / Rarely / Never:** I get 7-8 hours of sleep at night.

**STRESS**

**Often / Sometimes / Rarely / Never:** Minor problems throw me for a loop.

**Often / Sometimes / Rarely / Never:** I find it difficult to get along with people I used to enjoy.

**Often / Sometimes / Rarely / Never:** Nothing seems to give me pleasure anymore.

**Often / Sometimes / Rarely / Never:** I am unable to stop thinking about my problems.

**Often / Sometimes / Rarely / Never:** I feel frustrated, impatient, or angry much of the time.

**Often / Sometimes / Rarely / Never:** I experience feelings of tension and anxiety.

**Yes / No** I am coping well with my current stress load.

**Often / Sometimes / Rarely / Never:** During the past month, I have accomplished less than I would like in my work or other daily activities as a result of emotional issues, such as feeling depressed or anxious.

**Often / Sometimes / Rarely / Never:** During the past month, my physical health or emotional issues have interfered with my normal social activities with family, friends, neighbors, or groups.

**Yes / No** I have 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). If more than one loss or misfortune, indicate number: _______

**Yes / No** I have friends and/or family with whom I can share problems and get help if needed.
FEELINGS

Often / Sometimes / Rarely / Never: I feel calm and peaceful.

Often / Sometimes / Rarely / Never: I have a lot of energy.

Often / Sometimes / Rarely / Never: I am a happy person.

Often / Sometimes / Rarely / Never: I take the time to relax and have fun daily.

Often / Sometimes / Rarely / Never: I feel downhearted or blue.

Often / Sometimes / Rarely / Never: I feel worthless, inadequate, or unimportant.

Readiness for Change: My readiness to make changes or improvements in my stress level (circle one):

A. No present interest in making a change
B. Plan a change in the next 6 months
C. Plan to change this month
D. Recently started doing this
E. Already do this consistently (6 mos. +)

High/Medium/Low: My confidence in my ability to make a positive change regarding my stress level.

High/Medium/Low: My priority for making change in the area of stress.
Life Satisfaction

Often / Sometimes / Rarely / Never: I feel a strong sense of purpose in life.

Often / Sometimes / Rarely / Never: I feel a deep satisfaction or joy in my life.

Often / Sometimes / Rarely / Never: I feel grateful and appreciative for what I have.

Often / Sometimes / Rarely / Never: I am satisfied with my job.

Often / Sometimes / Rarely / Never: I feel optimistic about the future.

Readiness for Change: My readiness to make changes or improvements in my life satisfaction (circle one):

A. No present interest in making a change
B. Plan a change in the next 6 months
C. Plan to change this month
D. Recently started doing this
E. Already do this consistently (6 mos. +)

High/Medium/Low: My confidence in my ability to make a positive change regarding my life satisfaction.

High/Medium/Low: My priority for making change in the area of my life satisfaction.
Life Balance


The area that I would most like to have more time for is:

___ Work
___ Family
___ Friends
___ Self

Readiness for Change: My readiness to make changes or improvements in my life balance (circle one):

A. No present interest in making a change
B. Plan a change in the next 6 months
C. Plan to change this month
D. Recently started doing this
E. Already do this consistently (6 mos. +)

High/Medium/Low: My confidence in my ability to make a positive change regarding my life balance.

High/Medium/Low: My priority for making change in the area of my life balance.
**Weight**

**HEIGHT** in inches (without shoes): _______

**WEIGHT** in pounds (without shoes):
- ____ Current
- ____ 1 year ago
- ____ 2 years ago
- ____ 5 years ago
- ____ 10 years ago

**BMI** (Calculated by coach using chart next 2 pages): _______
- 18.5 – 24.9 Normal
- 25.0 – 29.9 Overweight
- > 30.0 Obese

**WAIST MEASUREMENT** in inches: _______
(> 40” for men or > 35” for women indicates increased disease risks)

I have utilized the following weight-management program(s) in the last 10 years: (Describe)

**Readiness for Change:** My **readiness** to make changes or improvements in my weight (circle one):

A. No present interest in making a change
B. Plan a change in the next 6 months
C. Plan to change this month
D. Recently started doing this
E. Already do this consistently (6 mos. +)

**High/Medium/Low:** My **confidence** in my ability to make a positive change regarding my weight.

**High/Medium/Low:** My **priority** for making change in the area of my weight.
To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

### Body Mass Index Table 1

[www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm](http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm)

(for BMI greater than 35, go to BMI Table 2)

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**Body Mass Index Table 2**
www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl2.htm

To use the table, find the appropriate height in the left-hand column labeled Height. Move across to a given weight. The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

| BMI | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
Exercise

I engage (how many) **days per week** in each of the following (indicate number of days):

___ **Aerobic** exercise – At least 20 minutes of **vigorous intensity** activity (fitness walking, cycling, jogging, swimming, aerobic dance, active sports) (3 or more days desirable) OR at least 30 minutes of **moderate intensity** activity (5 or more days desirable).

___ **Strength exercises** – At least 10 minutes of strength-building exercises (such as sit-ups, push-ups, or use strength-training equipment) (2-3 days desirable)

___ **Flexibility or stretching exercise** – At least 5 minutes to improve flexibility of your back, neck, shoulders, and legs (3 days desirable)

I currently have the following **limitations on physical activity**, if any (e.g., injuries, illness, medical conditions):

I previously had the following **limitations on physical activity**, if any, over the last 5 years:

**Readiness for Change:** My **readiness** to make changes or improvements in my level of exercise (circle one):

A. No present interest in making a change  
B. Plan a change in the next 6 months  
C. Plan to change this month  
D. Recently started doing this  
E. Already do this consistently (6 mos. +)

**High/Medium/Low:** My **confidence** in my ability to make a positive change regarding my level of exercise.

**High/Medium/Low:** My **priority** for making change in the area of exercise.
Nutrition

Often / Sometimes / Rarely / Never: I eat a full breakfast each day.

Often / Sometimes / Rarely / Never: I eat “junk” snack foods between meals (e.g. chips, pastries, candy, ice cream, cookies).

Often / Sometimes / Rarely / Never: I eat high fat food (such as hamburgers, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, butter, cake, pastry, ice cream, chocolate, fried foods, and many fast foods)

Often / Sometimes / Rarely / Never: I eat low fat food (such as lean meats, skinless poultry, fish, skim milk, low fat dairy products, fruit desserts, vegetables, pasta, legumes (peas and beans).

Often / Sometimes / Rarely / Never: I consume trans fats. (Commonly listed as “partially hydrogenated vegetable oil” on food labels)

Often / Sometimes / Rarely / Never: I eat refined grain (such as white bread, rolls, regular pancakes and waffles, white rice, typical breakfast cereals, typical baked goods)

Often / Sometimes / Rarely / Never: I eat whole grain (such as whole grain breads, brown rice, oatmeal, whole grain or high fiber cereals)

Often / Sometimes / Rarely / Never: I eat 5 servings of fruits and vegetables daily.

Often / Sometimes / Rarely / Never: I drink eight 8-ounce glasses of water daily. (8 desirable)

Often / Sometimes / Rarely / Never: I drink non-diet soft drinks daily.

I drink (how many) alcoholic drinks per weekday (one ounce liquor, 12 ounces liquor, 12 ounces beer, 4 ounces wine): _______ (enter number of alcoholic drinks per weekday).

I drink (how many) alcoholic drinks per weekend day (one ounce liquor, 12 ounces liquor, 12 ounces beer, 4 ounces wine): _______ (enter number of alcoholic drinks per weekend day).
**Readiness for Change:** My readiness to make changes or improvements in my nutrition (circle one):

   A. No present interest in making a change  
   B. Plan a change in the next 6 months  
   C. Plan to change this month  
   D. Recently started doing this  
   E. Already do this consistently (6 mos. +)

**High/Medium/Low:** My confidence in my ability to make a positive change regarding my nutrition.

**High/Medium/Low:** My priority for making change in the area of nutrition.
Health Issues

True or False: In general, my overall health is excellent.

BLOOD PRESSURE:
- ____ Systolic (high number) (< 120 desirable)
- ____ Diastolic (low number) (< 80 desirable)

BLOOD LIPIDS (FASTING):
- ____ Total cholesterol (< 200 desirable)
- ____ HDL (good cholesterol) (> 40 men, > 50 women desirable)
- ____ LDL (bad cholesterol) (< 130 desirable)
- ____ Triglycerides (<150 desirable)

BLOOD GLUCOSE (FASTING):
- ____ Glucose (< 100 desirable)

Yes / No: I have a primary care doctor whom I see regularly.

The approximate date of my last physical exam: ________________

Women - Check all that apply:
- ____ I am currently pregnant.
- ____ I had PAP smear within the last 13 months.
- ____ I had mammogram within the last 12 months.
- ____ I practice monthly breast self-exams for lumps.

Men – Check all that apply:
- ____ I had a prostate exam within last 12 months.
- ____ I practice monthly testicle self-exam for lumps.

Often / Sometimes / Rarely / Never: I use drugs or medicines (include prescription and nonprescription) that treat depression, affect my mood, help me relax, or help me sleep.

In my immediate family there is a history of the following:
- ____ Colorectal cancer
- ____ Breast cancer
- ____ Depression
___ Diabetes
___ Coronary heart disease, heart attack, or coronary surgery
    before age 55 in men, before age 65 in women
___ High blood pressure
___ High blood cholesterol
___ Suicide

PERSONAL HEALTH HISTORY – A doctor informed me that I currently have the following health problems:

Y = Yes and is not under control
C = Yes and taking medication or is under control
N = Not applicable

Y / C / N Asthma or lung disorder
Y / C / N Bowel polyps or inflammatory bowel disease
Y / C / N Cancer, other than non-melanoma skin cancer
Y / C / N Chronic bronchitis or emphysema (COPD)
Y / C / N Coronary heart disease, congestive heart failure, angina, heart attack, or heart surgery
Y / C / N Depression (mental illness)
Y / C / N Diabetes (high blood sugar)
Y / C / N High blood pressure (140/90 or higher)
Y / C / N High blood cholesterol (200 or higher)
Y / C / N Sciatica or chronic back problem (musculoskeletal)
Y / C / N Stroke or restricted blood flow to head or legs
Y / C / N Arthritis

CURRENT SYMPTOMS – I have had the following within the last month:

___ Chest pain or discomfort, frequent palpitations or fluttering in the heart
___ Unusual shortness of breath
___ Unexplained dizziness or fainting
___ Temporary sensation of numbness or tingling, paralysis, vision problem, or light-headedness
___ Frequent urination and unusual thirst
___ Frequent back pain
___ Trouble sleeping
Often / Sometimes / Rarely / Never: I have had bodily pain during the past month. If so, describe:

I have missed (how many days) from work due to illness or injury during the last 6 months: _______

Often / Sometimes / Rarely / Never: During the past month, I have had difficulty doing work, or other regular activities, as a result of my physical health.

Often / Sometimes / Rarely / Never: I smoke, or use smokeless, tobacco. If so, describe:

Readiness for Change: My readiness to make changes or improvements in my health (circle one):

- A. No present interest in making a change
- B. Plan a change in the next 6 months
- C. Plan to change this month
- D. Recently started doing this
- E. Already do this consistently (6 mos. +)

High/Medium/Low: My confidence in my ability to make a positive change regarding my health.

High/Medium/Low: My priority for making change in the area of health.
Appendix B
Mental Health Indicators

Feelings

The following questions are about how you have been feeling during the past four weeks. For each question, please select the one answer that comes the closest to the way you have been feeling, on a scale of 1 to 5:

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

How much of the time during the past four weeks …

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

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

**Over past two weeks, how often have you:**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
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<tbody>
<tr>
<td>Been feeling low in energy, slowed down?</td>
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<tr>
<td>Been blaming yourself for things?</td>
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<td>Had a poor appetite?</td>
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<td>Had difficulty falling asleep, staying asleep?</td>
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<td>Been feeling hopeless about the future?</td>
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<td>Been feeling blue?</td>
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<td>Been feeling no interest in things?</td>
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<td>Had feelings of worthlessness?</td>
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<td>Thought about or wanted to commit suicide?</td>
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<td>Had difficulty concentrating or making decisions?</td>
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Appendix C – Physician Release

Physician Medical Release for Health, Fitness, or Wellness Coaching

Patient Name:      Birth Date:

Phone:       Email:

Please complete the following and state any contraindications or specific recommendations for your patient to participate in a health/fitness/wellness coaching program, including physical activity. The coaching program follows evidence-based guidelines for physical activity, nutrition, and weight management, developed by the American College of Sports Medicine (www.acsm.org).

Primary Risk Factors (check all that apply):

☐ Family History of Cardiovascular Disease
☐ Tobacco Use within the previous 6 months
☐ Hypertension
☐ Elevated Cholesterol
☐ Body Mass Index of 30 or greater
☐ Sedentary Lifestyle

Physician Recommendations and other Patient Information:

_________________________________________________________________________
_________________________________________________________________________

Based on my current patient information my recommendations for the Wellcoaches wellness coaching program is (check one):

___ is cleared and can participate without restriction.
___ is not cleared and cannot participate at this time.
___ is cleared with the following restrictions:

_________________________________________________________________________
_________________________________________________________________________

Physician’s Signature _________________________ Date ________

Physician Name: _____________________________
Phone: ____________________ Email: ___________
Clinic address: _____________________________