



TEAGUE, TEAGUE & ASSOCIATES

HEALTH COACHING

QUESTIONNAIRE

1. What are the reasons that you have decided to obtain health coaching?
2. How would you rate your overall health today?
 Healthy Average Unhealthy
3. How many meals do you eat per day?
 0 1 2 3 more than 3
4. How often do you snack per day?
 0 1 2 3 more than 3
5. What is your favorite unhealthy food(s) to eat and how often do you eat it?
6. What is your favorite healthy food(s) to eat and how often do you eat it?
7. What is your favorite unhealthy snack(s) to eat and how often do you eat it?

8. What is your favorite healthy snack(s) to eat and how often do you eat it?
9. What time do you usually go to bed at night?
10. Do you take naps? If yes, how often?
11. How late into the evening/night do you eat (meals or snacks)?
12. What is your favorite condiment (e.g. mayo, mustard, etc.)?
13. What is your favorite seasoning (e.g. salt, pepper, etc.)?
14. How often do you exercise?
___ Daily___ Weekly___ Monthly___ Yearly___ Never
15. What is your favorite exercise?
Favorite(s):
___ None
16. What is the exercise(s) that you hate?
Exercise(s):
___ None

17. What do you want to achieve related to your health?

18. What will achieving this goal do for you?

19. How will you know when you have reached it?

20. How will others know when you have reached it?

21. What stops your desired outcome affect other areas of your life, health and wellness?

22. What additional resources do you need in order to achieve this goal?

23. How are you are you going to get to those resources?

*I have answered these questions honestly and to the best of my knowledge.
If any of this information changes I will be sure to share it with my coach.*

Client Signature: _____