

NEWTOWN THERAPY
& WELLNESS CENTER

Coaching Questionnaire

Client Name: _____

Date: _____

Please list the names and relationships of the five most important people in your life:

1. _____

2. _____

3. _____

4. _____

5. _____

Education: _____

How would you rate your overall physical health?

Excellent Great Good Fair Poor

Do you have any sleep problems? Yes No

If yes, please describe: _____

Are you dealing with any past or current addictions? Yes No

If yes, please describe: _____

Have you had any issues with Depression, Anxiety, or ADD/ADHD

(Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)? Yes No

If yes, please describe: _____

Are you currently seeing a therapist? Yes No

If yes, please describe what issues your addressing in therapy:

Are you usually: Early On Time Running Late

Do you exercise regularly? Yes No

If yes, please describe what you do and how often:

What are your favorite hobbies and sports?

What do you do for fun?

When you treat yourself, what are things you like to do?

What is your idea of a perfect vacation?

Provide responses to each statement: 1 (strongly agree) to 5 (strongly disagree)

_____ I feel that I am capable of having the life I really want.

_____ I am open to experimenting with new ways of doing things in my life.

_____ I am willing to be disciplined and follow through with my commitments.

_____ I am a positive person.

_____ I hold myself fully accountable for the results I create in my life.

_____ I have a clear vision for my life and what I am committed to accomplishing.

_____ I do well when working with others.

_____ I live with a high level of integrity.

_____ I am supported by the people in my life and they are committed to my success.

_____ When I have a setback in life, I am able to bounce back quickly. I am able to receive support and contribution from others.

What part of your life is working well?

What part of your life could be working better?

What do you want to focus on first in your work with me?

What are some obstacles that keep you from achieving your goals?

What are your life values? What is most important to you?

What is success in your opinion?

What is your biggest recurring complaint about yourself?

What are your biggest personal strengths?

What are your biggest personal weaknesses?
