

Powerful Coaching Questions List

Date:	
Patient Name:	
Gender:	Male Female Other:
Date of Birth:	
Medical Record Number:	
Clinic / Hospital:	
Healthcare Provider:	

Instructions:

Take some time to reflect on the questions provided in this template. During coaching sessions, your responses will be discussed to create a personalized care plan that addresses your unique needs and goals. Your openness and honesty are valued and will contribute significantly to the success of improving your health and well-being.

Health History
What significant health events or conditions have impacted your life?
How do you manage your current health concerns or conditions?
What lifestyle factors do you believe have influenced your health status?
Physical Health
How would you describe your current level of physical activity?
What barriers do you face in maintaining a healthy lifestyle?
What changes would you like to make to improve your physical health?
Nutrition
Can you describe your typical dietary habits?
How do your eating habits support or hinder your health goals?
What are your biggest challenges when it comes to eating nutritiously?
Mental Health
How do you manage stress in your daily life?
What activities or coping strategies do you find helpful during difficult times?
Are there any persistent negative thoughts or emotions you'd like to address?

Emotional Well-being

How do you prioritize self-care and emotional wellness?

What activities bring you joy and fulfillment?

How do you nurture your relationships and social connections?

Goals & Motivation

What are your short-term and long-term health goals?

What motivates you to make positive changes in your life?

How do you envision your ideal state of health and well-being?

Self-Reflection

What strengths do you possess that can support your health journey?

In what areas do you feel you need additional support or guidance?

How do you measure progress towards your health goals?

Life Balance

How do you balance work, personal life, and health commitments?

What adjustments could you make to achieve a better life balance?

How do you recharge and find time for relaxation?

Sleep

Describe your sleep patterns and quality of sleep.

What factors contribute to any sleep difficulties you experience?

What strategies do you use to promote better sleep?

Hobbies & Interests

What hobbies or activities do you enjoy in your free time?

How do your hobbies contribute to your overall well-being?

Are there any new hobbies or interests you'd like to explore?

Social Support

Who are the primary sources of support in your life?

How do your friends and family influence your health decisions?

Do you feel satisfied with your current social support network?

Spirituality

Do you have any spiritual or religious practices?

How does your spirituality influence your approach to health and life?

Are there any spiritual practices you'd like to incorporate into your routine?

Personal Growth

What areas of personal development are important to you?

How do you invest in your personal growth and learning?

What challenges do you face in pursuing personal growth?

Healthcare Engagement

How satisfied are you with your current healthcare experience?

What improvements would you like to see in your healthcare journey?

How do you prefer to communicate with your healthcare providers?

Environmental Influences

How does your living environment impact your health choices?

Are there any environmental changes you'd like to make to support your health?

What role does your community play in promoting health and wellness?

Financial Health

How do financial factors influence your health decisions?

What financial challenges do you encounter in maintaining your health?

Are there resources or support systems available to assist you financially?

Medical Adherence

How do you ensure you adhere to your medical treatment plans?

What barriers do you face in following your prescribed medical regimen?

How can healthcare providers support you better in managing your health?

Notes

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