

# Powerful Coaching Questions List

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

## 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.

<b>Health History</b>
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?
<b>Physical Health</b>
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?
<b>Nutrition</b>
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?
<b>Mental Health</b>
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?

