

Health Goals Questionnaire

Name: _____

1. What are your health and lifestyle goals?

2. List your top three priorities in life. Where do health and vitality fit in?

3. How do you rate your health currently? (Rate 1-10; 10 being excellent) _____

4. How do you rate your present energy levels? (Rate 1-10; 10 being excellent) _____

5. How do you rate your present lifestyle? (Rate 1-10; 10 being excellent) _____

6. How confident are you in your ability to persevere with the healthy diet, lifestyle and exercise programs required for you to achieve health and wellbeing? (Rate 1-10; 10 being highly confident) _____

7. How committed are you to improving your health status? (Rate 1-10; 10 being highly committed) _____

8. Are you willing to change your diet?
Yes () No () Maybe () Explain: _____

9. Are you willing to change your Lifestyle habits?
Yes () No () Maybe () Explain: _____

10. Are you willing to increase your aerobic capacity with an exercise program?
Yes () No () Maybe () Explain: _____

11. Are you willing to increase your strength and stamina with a strength resistance program?
Yes () No () Maybe () Explain: _____

12. How long do you feel it would take you to achieve your health and lifestyle goals
Days () Weeks () Months () Years ()

13. What do you think could stop you from achieving your health goals
Time () Commitment () Resources () Support () Money ()
Interest () Health () Other: _____

14. Why did you come to this clinic?

