**How satisfied do you feel with your physical health in terms of maintenance for:**

Weight Management… Needs Improvement or Satisfied

Nutrition/Diet… Needs Improvement or Satisfied

Physical Activity… Needs Improvement or Satisfied

**How satisfied do you feel with your emotional health in terms of maintenance for:**

Stress Management… Needs Improvement or Satisfied

Educational Attainment… Needs Improvement or Satisfied

Career… Needs Improvement or Satisfied

Finances… Needs Improvement or Satisfied

Love/Relationships… Needs Improvement or Satisfied

1. Do you suffer from any chronic health conditions? Please describe:
2. What have you done in the past to work on this health condition?

(Please state both alternative & traditional approaches to wellness)

1. What has proven effective?
2. What is your current diet like? Please be specific about the snacks you ate in the past day and when:
3. What obstacles, challenges, and struggles do you come up with regarding diet/lifestyle?
4. What are you priorities for wellness support? What do you hope to get out of our time together?
5. What are 5 things you LOVE about your life?