ALI ODIN
Health Coaching
AND PERSONAL TRAINING

Health Inventory

Client Name: _____ Date: _____

Using a scale of 1-10, please rate how important the following aspects of a healthy lifestyle are to you.

	Not at all Important	Somewhat Important	Extremely Important
Improve cardiovascular fitness	1 2 3	4 5 6 7	8 9 10
Weight loss	1 2 3	4 5 6 7	8 9 10
Improve performance for a sport	1 2 3	4 5 6 7	8 9 10
Improve balance	1 2 3	4 5 6 7	8 9 10
Improve endurance	1 2 3	4 5 6 7	8 9 10
Increase strength	1 2 3	4 5 6 7	8 9 10
Increase mobility/flexibility	1 2 3	4 5 6 7	8 9 10
Improve moods	1 2 3	4 5 6 7	8 9 10
Improve energy levels	1 2 3	4 5 6 7	8 9 10
Better stress management	1 2 3	4 5 6 7	8 9 10
Alleviate low back pain	1 2 3	4 5 6 7	8 9 10
Ease muscle/joint tightness	1 2 3	4 5 6 7	8 9 10
Increase enjoyment of everyday life	1 2 3	4 5 6 7	8 9 10
Ease pain of daily activities (standing, walking, sitting, bending, lifting)	1 2 3	4 5 6 7	8 9 10
Increase daily activity level	1 2 3	4 5 6 7	8 9 10
Perform hobbies with minimal pain	1 2 3	4 5 6 7	8 9 10
Developing healthier eating habits	1 2 3	4 5 6 7	8 9 10
Implement a realistic plan for me/family	1 2 3	4 5 6 7	8 9 10
Using guided support for change	1 2 3	4 5 6 7	8 9 10
Working in a healthier environment	1 2 3	4 5 6 7	8 9 10
No more fad diets and quick weight loss	1 2 3	4 5 6 7	8 9 10

Please elaborate on any of the above topics, or discuss anything not listed:

When is the last time you were involved with a health/fitness program?

Have you had positive or negative experiences in the past with health and fitness? If negative, why?