

WELLBEING PRE-ASSESSMENT

Please complete prior to your first coaching session and e-mail the completed document directly to your wellbeing coach. Your coach will review your assessment and discuss the results with you during your initial session.

Name: _____ Preferred Name: _____

EWU ID #: _____ Phone #: _____

EWU Email: _____

Gender: _____ Preferred Pronouns: _____

(i.e. he/him/his; she/her/hers; they/them/theirs)

Year in School: _____ Field of study/interest: _____

Below are broad areas of health.

Please check the box next to the number that you feel best describes you for each area.

	Very Unhealthy	Somewhat Unhealthy	Somewhat Healthy	Very Healthy
Physical Health	1	2	3	4
Social Health	1	2	3	4
Emotional Health	1	2	3	4
Spiritual Health	1	2	3	4
Intellectual Health	1	2	3	4
Financial Health	1	2	3	4

Below are some statements on feelings and thoughts.

Please select the answer that best describes your experience of each statement within the **last two weeks**.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Health, Wellness & Prevention Services

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