



CERTIFIED HIGH PERFORMANCE COACH

ENERGY CHECK-IN QUESTIONNAIRE

Take a moment to sit quietly, take a moment to reflect on the experience of being you for the past 2-3 weeks. Please fill out this questionnaire and save it with your files for this course. By documenting your current state, you can best reflect and compare. This is important. Taking the time to do a documented self-check allows us to have a recorded starting metric to see what we have accomplished. We will fill it out again in a few weeks. (Remember, this is just for you to see.) Start where you are!

DATE: _____

Please rate your ease of waking up in the morning.

 1. 2. 3. 4. 5.

Very tired/lethargic

Exceptional

Please rate your physical energy/motivation to exercise.

 1. 2. 3. 4. 5.

Very tired/lethargic

Exceptional

If you do exercise, please rate the quality of your workouts. (If not, skip.)

 1. 2. 3. 4. 5.

Very tired/lethargic

Exceptional

Please rate your ability to sustain energy during the day to do the things you need to do.

 1. 2. 3. 4. 5.

Very tired/lethargic

Exceptional

How would you describe your overall energy level to do the things you WANT to do in your life?
(Beyond just what you need to do.)

 1. 2. 3. 4. 5.

Very tired/lethargic

Exceptional

Please rate your overall feelings about your body size and shape.

 1. 2. 3. 4. 5.

Very unhappy

Exceptional

When you think about your current health/fitness level, how do you feel

 1. 2. 3. 4. 5.

Very unhappy

Exceptional