

# CoL Self Assessment Research Study

## Coach Information

(to be filled out by the Circle of Life Coach)

Coach Name \_\_\_\_\_

Type of COL Group \_\_\_\_\_

Examples: Cardiac recovery; cancer recovery; women's health; stress reduction (health club, workplace, college students, new parent, etc.); general wellness; etc...

Dates:

Group: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date PRE Self Assessment given: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date POST Self Assessment given: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Participants in the Study : \_\_\_\_\_