

Today's date _____ / _____ / _____

Facilitator name _____

Circle of Life Self Assessment (POST)

Questions 1-13 ask you about your feelings and thoughts during the last month. In each case, please indicate on this scale how often you felt or thought a certain way. Please circle your chosen number.

P1b. In the last month, how often have you been upset because of something that happened unexpectedly?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P2b. In the last month, how often have you felt that you were unable to control the important things in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P3b. In the last month, how often have you felt nervous and "stressed"?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P4b. In the last month, how often have you felt confident about your ability to handle your personal problems?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P5b. In the last month, how often have you felt that things were going your way?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P6b. In the last month, how often have you found that you could not cope with all the things that you had to do?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P7b. In the last month, how often have you been able to control irritations in your life?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P8b. In the last month, how often have you felt that you were on top of things?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

P9b. In the last month, how often have you been angered because of things that were outside of your control?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

Circle of Life Self Assessment, continued...

Questions 1-13 ask you about your feelings and thoughts during the last month. In each case, please indicate on this scale how often you felt or thought a certain way. Please circle your chosen number.

P10b. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

H11b. In the last month how often has your sleep been less than satisfactory or problematic?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

H12b. In the last month, how often have you been in pain?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

H13b. In the last month how often have you felt you have not had enough energy?

0=never 1=almost never 2=sometimes 3=fairly often 4=very often

AREA OF FOCUS

What is the area of my life I have been focusing on?

M14b. Earlier in the program, we asked you to choose an area in your life you identified using your circle assessment that you were most interested in focusing on to making a positive change in your life at that time. Please check the one you chose to work on the most consistently throughout your coaching experience.

- | | |
|-----------------------|------------------------|
| 1. ___ NUTRITION | 7. ___ PLAY/CREATIVITY |
| 2. ___ EXERCISE | 8. ___ HEALTH CARE |
| 3. ___ STRESS MASTERY | 9. ___ ENVIRONMENT |
| 4. ___ RELATIONSHIPS | 10. ___ LIFE PURPOSE |
| 5. ___ FINANCES | 11. ___ SELF ESTEEM |
| 6. ___ WORK | 12. ___ SPIRITUALITY |

M15b. Now consider how satisfied you are currently in this same area and score it by circling your chosen number:

0 1 2 3 4 5 6 7 8 9 10
 As dissatisfied As satisfied
 as I could be

Circle of Life Self Assessment, continued...

CHALLENGES

M16b. Please rate where you feel you are on the scale below regarding making progress with the challenges in the area you chose to focus on.

0	1	2	3	4	5	6	7	8	9	10
Not working on it				In Progress Moving Forward						Completed Fulfilled

GENERAL WELL-BEING

Thinking back over the **month...**

M17b. Taking into account your physical, mental, emotional, social, and spiritual condition, please rate how well you feel on the following scale.

worst you have ever been | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | best you have ever been

MEDICATIONS

M18b. Please write the number of kinds of medications (prescription and over the counter) you currently take daily, if any _____

M19b. Has your need for medications (prescription and over the counter) changed since the beginning of this Circle of Life program? Please mark your answer on the following scale:

Decreased | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | ____ | Increased
No Change

GOALS

M20b. Do you have clear goals and a specific action plan to meet your goals?

Check One: ____ Yes ____ No

M21b. Please rate where you feel you are on the scale below in the process of working on your goals:

0	1	2	3	4	5	6	7	8	9	10
Not working on it				In Progress Moving Forward						Completed Fulfilled

Circle of Life Self Assessment, continued...

PERSONAL COMMENTS

22b. Do you feel participating in the COL process has helped you to become more self-directed and empowered in your life? Check One: Yes No

23b. Do you feel participating in the Col process has had a positive influence on your effectiveness at work? Check One: N/A Yes No

24b. Based on what you've learned in the CoL process, do you feel you will be able to manage your life's stresses better? Check One: Yes No

25b. Would you be likely to suggest to others (eg friends, family, co-workers) that they could benefit from the Circle of Life process? Check One: Yes No

26b. Reflecting on your time with Circle of Life, what were the most important parts and/or your most favorite aspects?

27b. How did Circle of Life Health & Wellness coaching assist you in your life?

28b. If there is anything else that you think is important that might be affecting your progress in fulfilling your goals, such as significant life changes (eg. moving, health issue, job change, loss of loved one, etc) please write it here:

Name _____ Signature _____ Date _____
Name and Signature if you would like to give us permission to quote your written responses.