



# INTAKE FORM

---

Assessment

Copyright © PositivePsychology.com B.V. All rights reserved.

This book or any portion thereof may not be reproduced, relabelled, or used in any commercial manner whatsoever without the express written permission of the publisher.

Permission is not required for personal or professional use, such as in a coaching- or classroom setting.

PositivePsychology.com B.V.

Basisweg 10

1043AP AMSTERDAM

The Netherlands

<https://PositivePsychology.com>

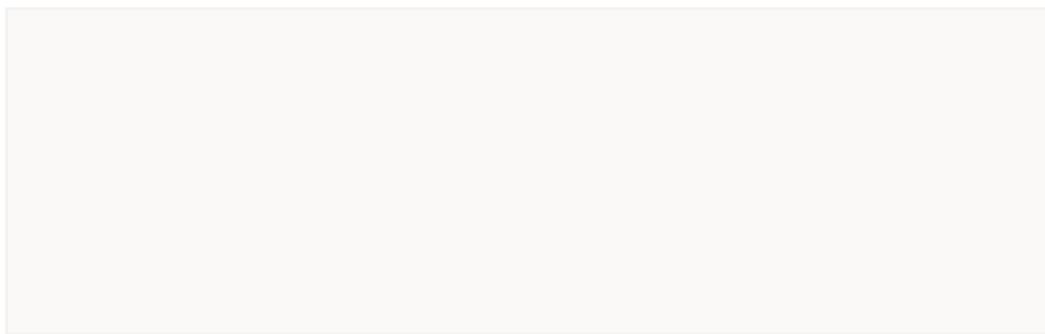
# Table of contents

<b>Training Related Questions</b>	<b>4</b>
<b>Current Life Assessment</b>	<b>5</b>
<b>Physical and Mental Health Questions</b>	<b>7</b>

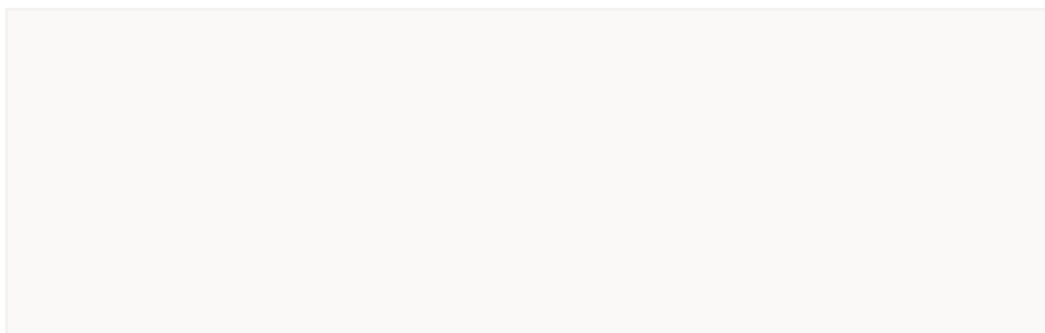
This intake form should be completed, preferably through real-life conversation, before admitting participants to your wellbeing training. This form can help you to make sure that your participants are well motivated, match your personal level of expertise, and prevent you from including people with whom you are not qualified to work.

## Training Related Questions

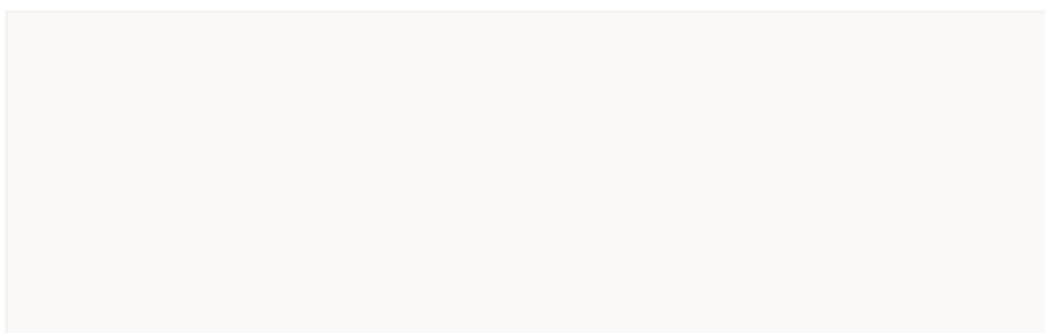
1. What is your most important reason for joining this training?



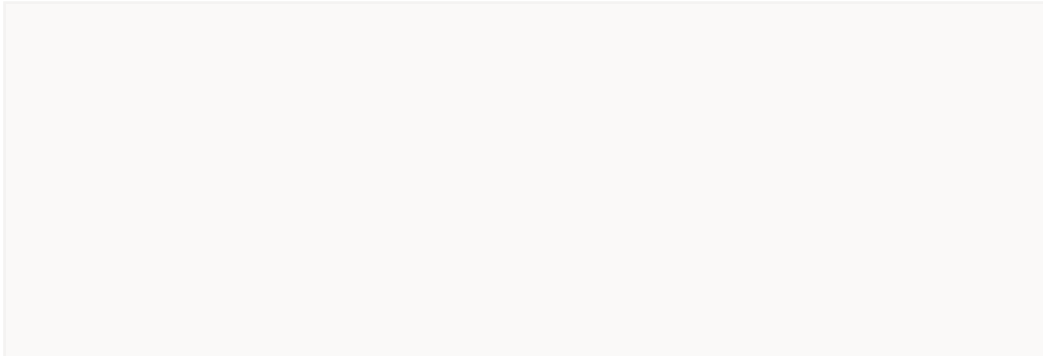
2. What are your expectations?



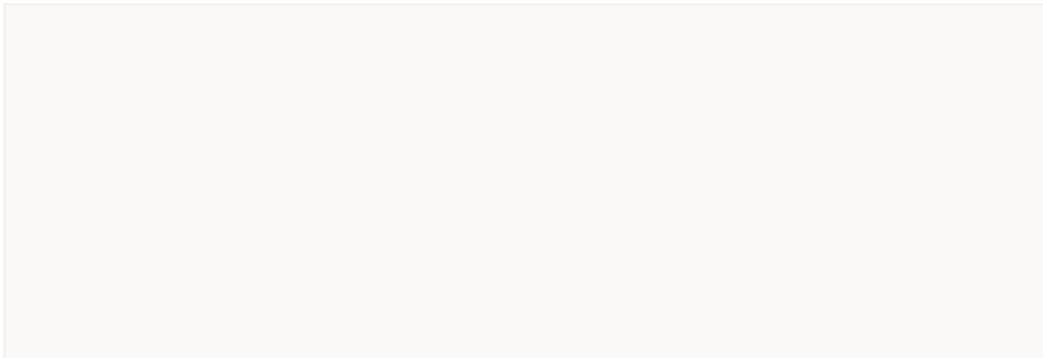
3. Is it possible for you to join all of the sessions?



4. What are some key goals you would like to achieve through this program?



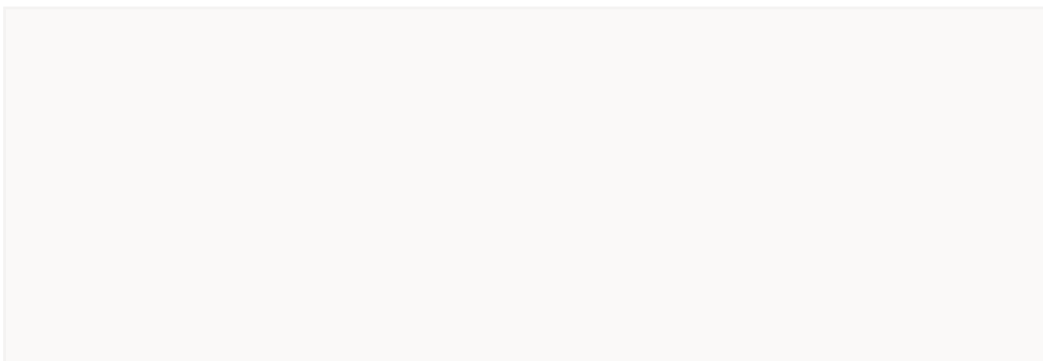
5. How do you envision your life being different as a result of this program?



## Current Life Assessment

6. How would you describe your current wellbeing?

*If the person is not able to cope effectively with his current situation and may need more structured guidance from a professional, it can be advisable to offer one-on-one treatment (if you are qualified to do so).*

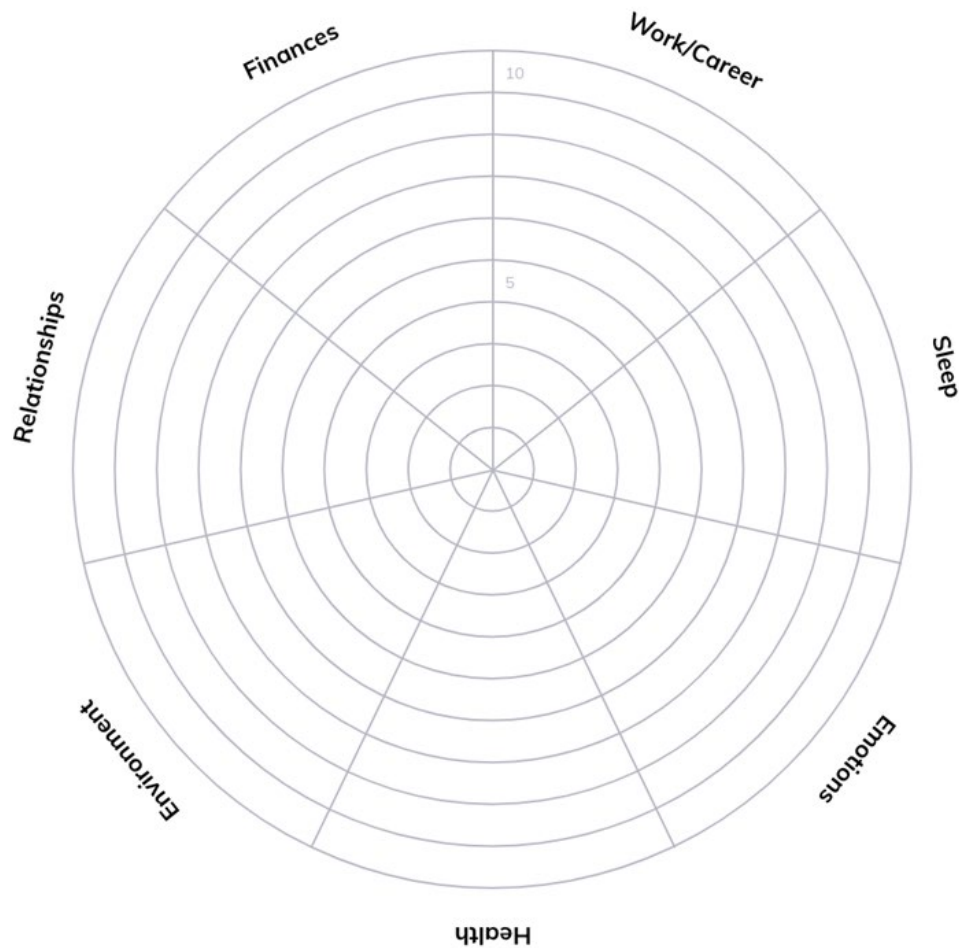


7. What recent experiences or life events have highlighted the importance of prioritizing your wellbeing?

8. Reflecting on your strengths and weaknesses, which personal qualities contribute to your wellbeing, and which areas could use improvement?

9. Can you recall a recent moment where you felt a sense of wellbeing or positivity despite challenges? How did you maintain or restore your wellbeing?

10. On a scale of 1 to 10 (1 = not at all, 10 = extremely well), how well do you feel you are managing within each of these life domains?



## Physical and Mental Health Questions

11. Are you currently experiencing any physical or mental health challenges? If so, please specify.

12. If you have ever received mental health treatment (from a psychologist, psychiatrist, coach, or other counselors), please describe below:

13. If you are currently receiving guidance and/or medication, please indicate here:

14. Do you have current or past thoughts of self-harm or suicide? Please explain if you feel comfortable.



15. Do you have thoughts of harm to others?

16. Do you use alcohol or drugs? If so, please specify the frequency and amount.

17. Do you have any additional questions or concerns you would like to discuss?