

Functional Integrative Practice of Dr. Nadia Ali

Functional Holistic Healing

995 Old Eagle School Road, Suite 311

Wayne, PA, 19087

Ph: 610-363-3973

Fax: 484-631-1327

website: www.theholistichealing.org



Functional Mindfulness Coaching Questionnaire

General Information

Name _____ Age _____

Today's Date _____ Date of Birth _____ (Cell) _____

Email _____

Address _____ City _____ State _____

Zip _____ Phone (Home) _____ (Work) _____

Occupation: _____

Emergency Contact Name: _____

Relationship _____ Phone (Home) _____

(Cell) _____ (Work) _____

Genetic Background

____ African American ____ Hispanic ____ Mediterranean

____ Caucasian ____ Northern European ____ Asian

____ Native American Other _____

How did you hear about our practice?

____ Official website ____ IFM Website ____ Referral from doctor

____ Referral from friend/family member ____ Social media

____ Other _____

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Goals

1. List the three biggest challenges that nudged you to seek Mindfulness Coaching at this stage in your life?

A. _____

B. _____

C. _____

2. Have you worked with a coach before?

Y___ N___

If yes, how was your experience?

3. What three goals do you want to achieve through this coaching?

A. _____

B. _____

C. _____

4. So far in your life, what are your biggest accomplishments?

A. _____

B. _____

C. _____

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5. What three changes do you want to see for yourself?

A. _____

B. _____

C. _____

6. What do you think are the three biggest obstacles to achieving your goals?

A. _____

B. _____

C. _____

7. Imagine you were transformed into the ideal person that it would take to succeed at this, what would you be like?

A. _____

B. _____

C. _____

8. If you could achieve anything, what would your goals be?

A. _____

B. _____

C. _____

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9. Achieving this goal will enable you to

- A. _____
- B. _____
- C. _____

10. What do you need to better understand or learn to achieve this goal?

- A. _____
- B. _____
- C. _____

11. How do you learn best?

12. Have you experienced trauma in your life, physical, emotional or sexual.

Y___ N___

13. Do you feel you have an excessive amount of stress in your life?

Y___ N___

14. Do you feel you can easily handle the stress in your life?

Y___ N___

15. How much stress do each of the following cause on a daily basis (Rate on scale of 1-10, 10 being highest)

Work ___ Family ___ Social ___ Finances ___ Health ___ Other ___

16. Do you use relaxation techniques?

Y___ N___

If yes, how often? _____

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23. On a scale of 1 to 10, how committed are you to making the changes needed to achieve your goals? _____

24. On a scale of 1 to 10, how stressed do you feel when you think of the changes ahead? _____

25. On a scale of 1 to 10, how confident are you that you can bring about the changes you seek with my help? _____

Coping Strategies: Circle the one that best describes you

1. I have high discomfort with conflict and avoid dealing with it.

Strongly agree agree Neutral Disagree Strongly disagree

2. I have a strong tendency to go for perfection.

Strongly agree agree Neutral Disagree Strongly Disagree

3. I am anxious and I worry a lot more than others.

Strongly agree agree Neutral Disagree Strongly Disagree

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4. I have a tendency to criticize others more than appreciating them.

Strongly agree agree Neutral Disagree Strongly Disagree

5. I prefer to take charge and be in control.

Strongly agree agree Neutral Disagree Strongly Disagree

6. I consider myself rational and analytical.

Strongly agree agree Neutral Disagree Strongly Disagree

7. I have a tendency to have a low mood and feel sad.

Strongly agree agree Neutral Disagree Strongly Disagree

8. I feel I get angry, irritated and upset when things go out of control.

Strongly agree agree Neutral Disagree Strongly Disagree

9. I measure my self worth mostly through my accomplishments.

Strongly agree agree Neutral Disagree Strongly Disagree

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10. I am self critical.

Strongly agree agree Neutral Disagree Strongly Disagree

11. I have a tendency to try and please others.

Strongly agree agree Neutral Disagree Strongly Disagree

12. I have a tendency to procrastinate.

Strongly agree agree Neutral Disagree Strongly Disagree

13. I like to do a lot of things and keep myself busy.

Strongly agree agree Neutral Disagree Strongly Disagree

14. I am hypervigilant and I am always on the lookout for danger.

Strongly agree agree Neutral Disagree Strongly Disagree

15. I feel sorry for myself and what I had to go through in life.

Strongly agree agree Neutral Disagree Strongly Disagree



16. I feel restless and rarely at peace with what I am doing?

Strongly agree agree Neutral Disagree Strongly Disagree

17. I can be forceful and confrontational when I need to get things done.

Strongly agree agree Neutral Disagree Strongly Disagree

18. It is hard for me to take criticism. It makes me upset and causes me to withdraw.

Strongly agree agree Neutral Disagree Strongly Disagree

19. It is hard for me to let go of negative experiences.

Strongly agree agree Neutral Disagree Strongly Disagree

20. I can be intimidating to others.

Strongly agree agree Neutral Disagree Strongly Disagree

21. Life is about achieving and producing results for me.

Strongly agree agree Neutral Disagree Strongly Disagree

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22. I can get impatient when dealing with others who are unable to understand and work at a reasonable pace.

Strongly agree agree Neutral Disagree Strongly Disagree

23. I get bored very quickly.

Strongly agree agree Neutral Disagree Strongly Disagree

24. I feel that I often lose sight of my own needs when I am taking care of people.

Strongly agree agree Neutral Disagree Strongly Disagree

25. My circumstances are often the source of my unhappiness.

Strongly agree agree Neutral Disagree Strongly Disagree