

<b>Patient ID:</b> _____ <b>Patient Name:</b> _____ <b>Date of Birth:</b> _____ <b>Date of Visit:</b> _____
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**Stress Management Coaching  
Pre-visit Check List**

**If you are in crisis or need help urgently there are resources available:**

- If you are in a life-threatening emergency, call 911.
- For 24-hour phone counseling, call or email Employee Assistance Program (EAP) (612) 625-2820 or 888-243-5744, or email at: eap@umn.edu

The goal of a Stress Management Coaching visit is to provide University of Minnesota employees with access to health coaches trained in stress management and mental wellbeing to identify, discuss and create management plans for everyday stressors (i.e., too much work, home/family issues, work place conflicts). The Stress Management Coaching is not designed to be an open counseling session. Rather, a focused coaching sessions, that hones in on 1 or 2 key stressors in the employee’s life with the goal of developing life skills to manage those stressors.

To help us better serve you, please take a moment to fill out the following checklist. This will provide us with important information about the sources of your stress as well as an idea of the things you'd most like to talk about.

**Instructions:**

- Please complete this pre-visit check-in prior to your first scheduled appointment.
- Please bring it with you to your first appointment. Your Stress Management Coach will review your responses with you and use the information to help identify areas of stress to address.

<b>REVIEWED BY:</b>  <b>Provider Name:</b> _____  <b>Signature:</b> _____
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### Personal Concerns Checklist:

Instructions:

- Indicate your priorities for your stress coaching visit using a 1-5 scale: (1 = lowest priority; 5 = highest priority; N/A = does not apply)
- If a priority does not concern you, please enter "N/A".

	N/A	1 (lowest priority)	2	3	4	5 (highest priority)
Loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty expressing my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety or anxiousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of inadequacy or failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/religious concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural adjustments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the concerns you identified above, is there anything you'd like us to know about you or your concerns? (If you listed "other" please explain here).

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### Job Related Concerns Checklist:

Instructions:

- Indicate your priorities for your stress coaching visit using a 1-5 scale: (1 = lowest priority; 5 = highest priority; N/A = does not apply)
- If a priority does not concern you, please enter "N/A".

	N/A	1 (lowest priority)	2	3	4	5 (highest priority)
Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transitioning/new to the U of MN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job struggles/pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about ability to do job/lack of skills required for job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling overwhelmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling burned out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procrastination/time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the concerns you identified above, is there anything you'd like us to know about you or your concerns? (If you listed "other" please explain here).

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### Social Concerns Checklist:

Instructions:

- Indicate your priorities for your stress coaching visit using a 1-5 scale: (1 = lowest priority; 5 = highest priority; N/A = does not apply)
- If a priority does not concern you, please enter "N/A".

	N/A	1 (lowest priority)	2	3	4	5 (highest priority)
Problems with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with partner/significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about aging parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about alcohol or drug use (someone else's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about tobacco use (someone else's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social anxieties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss or bereavement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illness of a loved one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the concerns you identified above, is there anything you'd like us to know about you or your concerns? (If you listed "other" please explain here).

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### Health Concerns Checklist:

Instructions:

- Indicate your priorities for your stress coaching visit using a 1-5 scale: (1 = lowest priority; 5 = highest priority; N/A = does not apply)
- If a priority does not concern you, please enter "N/A".

	N/A	1 (lowest priority)	2	3	4	5 (highest priority)
Sleep difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about alcohol or drug use (my own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about tobacco use (my own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about eating/food-related behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about the concerns you identified above, is there anything you'd like us to know about you or your concerns? (If you listed "other" please explain here).

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Please rank the area of concerns from 1 to 4, with 1 = highest concern and 4 = least concern.

Concern Areas	Rank (1 to 4)
Personal concerns	
Academic concerns	
Social concerns	
Health concerns	

On a scale from one to ten, with one being "not stressed at all" and ten being "very stressed", how would you rate your average level of stress in the past month?

- 1 (not stressed at all)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (very stressed)

On a scale from one to ten, with one being "very ineffective" and ten being "very effective", how would you rate your ability to manage your stress in the past month?

- 1 (very ineffective)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (very effective)

What have you been doing to manage your stress in the past month?

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