



EVERGREEN COACHING MODEL

Program Orientated	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Are you making progress?		3							
Are you enjoying the diet?		5							
Do you have any cravings?		9							
Are you enjoying the training?		4							
How well are you recovering?		3							

Energy & Sleep	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Do you wake up during your sleep?		5							
Do you find it hard to fall asleep?		2							
Do you have a mid afternoon dip in energy?		6							
Do you sleep less than 7 hours a night?		10							
If you don't have coffee, would you be tired during the day?		10							

Gut Health	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Do you suffer from bloating?		10							
Do you experience constipation or loose stools?		6							
Do you have gas (belching, or flatulence)?		3							
Do you have difficulty digesting any food?		6							

Hormones	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
How is your libido?		4							
Do you have consistent morning erections / do you have PMS?		8							

Client Specific	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
		3							
		3							
		3							
		3							

Health Index	Prior	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Total score	0	5.3	0	0	0	0	0	0	0







