

# Pre-Coaching Questions

Your Name and Phone Number

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## Instructions:

Please answer the questions as best you can, you may just answer the multiple choice and/or add any text you wish. You may use a code in any essay question if you feel uneasy with writing your answers down for me. You may scan and email to [dalem@dalemmaxwell.com](mailto:dalem@dalemmaxwell.com) or fax to: 800-868-7298. Please give me a day to review your answers and then we can talk. You may also fax any medical test results you wish me to review and discuss with you.

## Describe your diet:

- 50% or more Animal
- 25% or more Animal
- 10% or more Animal
- 5% or Less Animal
- 100% Plant

## Describe your Bowel Movements:

- Every Third day
- Every Other Day
- Every Day
- Two Times per Day
- Three Times or More per day

## Describe your Skin:

- Generally free of fungus and mold, even between toes, no yeast infection or thrush
- Some fungus and mold, between toes or anywhere, yeast infection or thrush

## List All Pharmaceuticals You Now Take or Have Taken in the Last Year

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Pre-Coaching Questions

## When Did You Discover / Were Told You Had Cancer?

- \_\_\_\_\_

What Standard Medical Treatments Have You Done and When

- Chemo
- Radiation
- Surgery

## List all Alternative Programs You Have Tried - How Long and Your Experience

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Please List All Accidents, Assaults, Surgeries or other trauma you have experienced

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## List Any and All Chemicals, Inoculations And Other (work related exposures)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## List Any And All Emotion Filled Events You Have Experienced (For Example: Divorce, Death of Loved One, Employment Problems)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Support From Spouse For Alternatives to Drugs, Surgery and Radiation

- Unconditional \_\_\_\_\_
- Limited \_\_\_\_\_
- Struggling for Support \_\_\_\_\_

## Support From Family, Friends and Church

- Unconditional \_\_\_\_\_
- Limited \_\_\_\_\_
- Struggling for Support \_\_\_\_\_

## Do You Consider Your Financial Condition As

- Fine \_\_\_\_\_

# Pre-Coaching Questions

- Cautious \_\_\_\_\_
- Struggling \_\_\_\_\_

## Teeth

Any Amalgams \_\_\_\_\_

Any Root Canals \_\_\_\_\_

Any Implants \_\_\_\_\_

Dentures \_\_\_\_\_

Bridges \_\_\_\_\_

## Your Biggest Fears

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Your Biggest Regrets

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Your Biggest Goals

- One Year \_\_\_\_\_
- Three Years \_\_\_\_\_
- Five Years \_\_\_\_\_
- Beyond \_\_\_\_\_

## Home Condition

- Newer or Well Maintained \_\_\_\_\_
- Older or Well Maintained \_\_\_\_\_
- Older And Needs Work \_\_\_\_\_
- Other \_\_\_\_\_

**Weight loss is not unusual for a patient until they get on the Kelley Program**

**Please note the following:**

- Weight a year ago \_\_\_\_\_
- Weight six months ago \_\_\_\_\_
- Weight three months ago \_\_\_\_\_
- Weight two months ago \_\_\_\_\_
- Weight one months ago \_\_\_\_\_
- Current Weight \_\_\_\_\_ Hight \_\_\_\_\_ Age \_\_\_\_\_

# Pre-Coaching Questions

## Daily Activity

### Walking or achieving aerobic activity

- Daily 5 Minutes \_\_\_\_\_
- Daily 10 Minutes \_\_\_\_\_
- Daily 15 Minutes \_\_\_\_\_
- Daily 20 Minutes \_\_\_\_\_
- Daily 25 Minutes \_\_\_\_\_
- Daily 30 Minutes or more \_\_\_\_\_

Blood Type (If You Know) \_\_\_\_\_

## Detoxing

### What Liquids Do You Consume Most Days (In Cups)

- Coffee \_\_\_\_\_
- Tea \_\_\_\_\_
- Milk \_\_\_\_\_
- Soda \_\_\_\_\_
- Bottled Juices \_\_\_\_\_
- Fresh Fruit Juice \_\_\_\_\_
- Fresh Veggie Juice \_\_\_\_\_
- Bottled Water \_\_\_\_\_
- Distilled Water \_\_\_\_\_

### Coffee Enemas Most Days

- One Every Day
- Two Every Day
- Three Every Day
- More

### Far Infrared Sauna

- Frequency \_\_\_\_\_

### Any other Detox?

- \_\_\_\_\_

### Aches, Pains and Concerns

- Pain Frequency and duration
- List other Concerns

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Sleeping

- Hours Nightly \_\_\_\_\_
- Comments \_\_\_\_\_
- Awaken \_\_\_\_\_

## Which Of These Statements Best Describe Me

- I Do Best With A Written Plan
- I Do Best With General Guidelines
- I Do Best Researching and Figuring Out My Own Plan

## Work Outside Home

- Full Time \_\_\_\_\_
- Part Time \_\_\_\_\_
- Not, But Want To \_\_\_\_\_
- Retired \_\_\_\_\_
- Unable To Work \_\_\_\_\_

## Work At Home

- Number of Children Under 5 \_\_\_\_\_
- Number of Children Age 6 to 10 \_\_\_\_\_
- Number of Children Age 11 to 18 \_\_\_\_\_
- Ages of Disadvantaged Children You Care For \_\_\_\_\_
- Disadvantaged or Elderly You Care For \_\_\_\_\_

## Help You Have Available

- Zero Hours of Help \_\_\_\_\_
- 1-3 Hours of Help \_\_\_\_\_
- 4-6 Hours of Help \_\_\_\_\_
- 7-9 Hours of Help \_\_\_\_\_
- 10 or More Hours of Help \_\_\_\_\_

## Family History of Cancer

- Mother \_\_\_\_\_
- Father \_\_\_\_\_
- Siblings \_\_\_\_\_

## Family History of Other Disease

- Mother \_\_\_\_\_
- Father \_\_\_\_\_

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- Siblings \_\_\_\_\_