

Lifestyle Modification Risk Assessment

Beyond Wellness downloadable resource | Chapter 10, also supports Chapter 15

Use this tool before suggesting or co-creating a lifestyle change with a chronically ill client. Standard health advice can become harmful when it is applied without regard for diagnosis, capacity, post-exertional symptoms, trauma history, food access, caregiving demands, or medical scope.

This assessment does not diagnose, treat, prescribe, or replace medical care. It helps the coach pause, individualize, and decide whether a proposed change belongs in coaching, requires modification, or needs medical or mental health collaboration.

Step 1: Name the proposed change

Proposed lifestyle change: _____

Client goal or concern this change is meant to support: _____

Who suggested it? Client / Coach / Clinician / Family / Internet / Other: _____

Step 2: Screen for risk

Risk question	No / Low	Possible	High / Stop
Could this worsen symptoms, trigger PEM, flare pain, impair sleep, or reduce function?			
Does the client have a condition where this recommendation may require clinical supervision?			
Could this interact with medication, nutrition needs, hydration, blood pressure, glucose, or medical treatment?			
Could this activate disordered eating, shame, trauma, compulsive tracking, or fear-based self-monitoring?			
Does the client have enough capacity, support, access, money, time, and recovery margin to attempt it?			
Is the recommendation based on generic wellness advice rather than this client's actual condition and context?			

Step 3: Choose the coaching lane

Green: reasonable within coaching. The change is low risk, client-led, capacity-matched, and reversible. Begin small, track response, and preserve recovery margin.

Yellow: modify before proceeding. Reduce intensity, frequency, duration, or complexity. Add pacing, consent, stop rules, and a check-in point.

Red: pause and refer. Do not coach the change as a recommendation. Encourage the client to consult the appropriate licensed clinician before proceeding.

Step 4: Build a safer version

Smallest safe experiment: _____

Stop rule or warning sign: _____

Recovery plan if symptoms worsen: _____

Provider or specialist input needed? _____

Client consent language used: _____

Coach's scope note

A coach may support reflection, planning, behavior design, capacity awareness, and communication with care teams. A coach should not prescribe diet, exercise, supplements, medical treatment, medication changes, or disease-specific protocols unless independently licensed and practicing within that license.

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