

# ■Coaching Questionnaire ■

*\*Please type responses to all questions and e-mail back to your coach.*

*All Information is Private & Confidential.* [*jacynta@comcast.net*](mailto:jacynta@comcast.net) *Call if you have questions at 404-242-5062*

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| ***Name Email Phone Number Date of Birth*** |
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| ***Address*** |
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| ***How Did You Hear About Me?*** |
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| ***GOALS*** |
| What are the 3 goals you want to achieve over the next three months? |
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| What are the three biggest changes you want to make in your life over the next three years? |
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| PERSONAL HISTORY |
| What would you say have been your three greatest accomplishments in your life to date? |
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| What is the hardest thing you have ever had to overcome? |
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| Who are or have been your major role models? |
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| What major transitions have you had in the past two years? (i.e. – entering or approaching a new decade of life, a new relationship, a new job, a new role, a new residence, changes in children’s ages/stages of life, separation, divorce, death of a loved one, birth of a child, marriage, etc.) |
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| ***YOUR LIFE*** |
| Who are the key people in your life and what do they provide for you? |
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| Is your life one of your choosing? If not, which parts are being chosen for you? |
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| On a scale of 1 – 10, 10 = HIGH, provide a number that represents your current level/degree of stress: |
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| What are your primary stressors? |
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| List five (5) things that you are tolerating or putting up with in your life at present. (i.e. – information you cannot find, rude people, poor lighting, tight shoes, dented car, job dissatisfaction, dead plants, broken equipment, old appliances, etc.) |
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| ***COACHING YOU*** |
| What would you expect or like your Coach to do if you get behind on your goals? |
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| How will you know when you are receiving value (i.e. – your money’s worth) from the Coaching process? |
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| What types of approaches discourage you or take away your motivation? |
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| How can your Coach best support you in the Coaching relationship? Using each number once, place the following in order of importance. Rank using 1-10 (1= Most Important; 10 = Least Important) |
| |  |  | | --- | --- | | Brainstorming Strategies Together | Insight into Who You Are and Your Potential | | Support, Encouragement, Validation | Exploring and Removing Blocks and Obstacles to Your Success | | Accountability; Checking up on Goals | Working through Self-Improvement Programs Together | | Suggesting or Designing Action Steps | Painting a Vision of What You Can Become or Accomplish | | Strategic Planning | Directness: Asking Hard Questions; Challenging You to Move Forward | |
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| ***POTENTIAL & POSSIBILITY*** |
| Do you have a personal or professional vision? |
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| If so, what is it? |
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| What would you like to contribute to the world? |
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| What is a dream or goal you have given up on? |
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| What part of yourself, if any, have you given up on? |
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| On a scale of 1 to 10 (10= HIGH), rate the quality of your life today: |
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What Events, Seminars or Books Have You Attended or Read   
Which Have Had the Most Impact On You?

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