



ASSESSMENT QUESTIONNAIRE

PERSONAL INFORMATION

- Tel #:
- Email:
- Height:
- Weight:
- Birth Date:
- Relationship Status:
 - Kids:
 - How old:
 - Living with you:
- Address (own/rent):

WORK STATUS

- Job Title:
 - Employer:
 - How Long:
- Self-employed:
 - Industry:
 - How Long:

INITIAL GOALS

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CHALLENGES

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I. DREAMS/VISION

When do you establish your goals?

- New Year's Eve, your birthday or some other occasion?
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How do you manage your goals?

- Do you memorize your goals or write them down?
 - Do you establish detailed milestones with due dates?
 - Do you plan thoroughly?
 - Do you hold yourself accountable?
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How successful are you in accomplishing your goals?

Do you 'hope...' a lot or do you make things happen?

Are you constantly learning in order to reach your full potential?

Do you concentrate on one task or do you multi-task?

List your most critical priorities. Do you currently abide by those priorities?

Do you indiscriminately say yes to everything/everyone?

- Do you keep your commitments?
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How would you define success (personal & Professional)?

Do you enjoy your work?

- Is it challenging?
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What are your career objectives?

- Where do you see your career in 1 year/3 years/5 years from now?
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What activities and/or hobbies do you enjoy?

- How much time is spent on these activities or others?
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Do you have any phobias?

- Are they things that can hinder you from accomplishing your goals?

Do you dwell on the past?

Are you a risk-taker or risk-averse?

II. DRIVE/ATTITUDE

On a scale of 1-10, where 10 possesses the ultimate level of discipline, where would you categorize yourself?

How do you respond to setbacks, obstacles or down days?

- Do you look for something positive when you're in a negative situation?

Do you manage time effectively?

- Do you procrastinate?
- Do you watch too much TV?
- Do you spend too much time in traffic?

Do you consistently motivate yourself?

- If yes - How do you motivate yourself?
- What motivates you?

What are your primary strengths?

Are you energetic?

Are you comfortable in your surroundings?

What are some of your bad habits?

- What efforts have been applied to eliminate the bad habits?
- How much time is being wasted on these bad habits?

Describe your personality. Are you outgoing, quiet, anti-social or sociable?

Are you patient?

Do you have a 'Type A' (driven & energetic) or a 'Type B' (laid back) personality?

Are you stressed out all the time? What stresses you out?

Are you creative?

III. STRUCTURE/ROUTINE

What time do you go to bed/get up?

- **What gets you out of bed in the morning?**

Are you punctual for appointments, etc?

Are you structured or unstructured?

Describe your daily routine in detail (24X7). Account for every minute. Document your current routine Monday-Sunday for any given week. Also note the time that you think is wasted. Please customize/complete the table below

- **What time do you get up (during the weekday and on the weekend)?**
- **What time do you go to bed?**
- **What time do you eat breakfast?**
- **What time do you shower, prepare clothes, etc.**
- **What time do you leave for work?**
- **What time do you arrive at work?**
- **Do you go out for lunch – if so how much time?**

DAILY TASK	TIME STARTED	TIME ENDED	MINUTES WASTED
Wake up			
Wash face, brush teeth, go to the bathroom			
Have a small snack			
Prepare breakfast			
Exercise			
Shower & dress			
Drive to work			
Lunch break			
Drive home			
Prepare and eat dinner			
Browse the internet			
Unwind, clean up, relax			
Sleep			

IV. COMMUNICATING/RELATING

How well do you manage business relationships?

How well do you manage personal relationships?

- Are you people oriented?

Do you spend too much time with family, friends, etc.?

- Are you pre-occupied with any family issues?

Do you feel that you're an effective communicator (written, verbal, email)?

Are you a nervous individual? What makes you nervous?

Are you a worrier?

Are you insecure?

V. HEALTH

Are you in good health?

- Do you have any health limitations?
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Are you athletic?

Do you exercise?

Are you a healthy eater?

- Do you manage your eating habits effectively?
 - Do you diet?
 - What do you eat throughout the day?
 - How often do you eat?
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VI. FINANCES

Do you save money?

- For emergencies?
 - A major purchase?
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Do you live from paycheck to paycheck?

Do you manage your money effectively?

- Budget planning?
 - Investments?
 - Monitoring expenses?
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Are you in debt?

- Credit cards?
 - Cars?
 - Student loans?
 - Mortgage?
 - Other?
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VII. MISCELLANEOUS

If you were an animal, what would that one animal be? And why?
