



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

-
-
-
-
-
-
-

CHALLENGES

-
-
-
-
-
-
-
-
-

I. DREAMS/VISION

When do you establish your goals?

- New Year's Eve, your birthday or some other occasion?
-
-

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?
-
-

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?
-
-

How would you define success (personal & Professional)?

Do you enjoy your work?

- Is it challenging?
-
-

What are your career objectives?

- Where do you see your career in 1 year/3 years/5 years from now?
-
-

What activities and/or hobbies do you enjoy?

- How much time is spent on these activities or others?
-
-

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?
-
-

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?
-
-

VI. FINANCES

Do you save money?

- For emergencies?
 - A major purchase?
-
-

Do you live from paycheck to paycheck?

Do you manage your money effectively?

- Budget planning?
 - Investments?
 - Monitoring expenses?
-
-

Are you in debt?

- Credit cards?
 - Cars?
 - Student loans?
 - Mortgage?
 - Other?
-
-

VII. MISCELLANEOUS

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