



## CLIENT QUESTIONNAIRE

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

What do you want to change or improve now?

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What are you seeking to change now?

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How will you know when you have achieved what you want?

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What is your current situation that upsets you the most? How do you know you are upset?

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**STOP THE STATIC LIFE COACHING, LLC.**

**WEBSITE:** [Stopthestatic.net](http://Stopthestatic.net)

PO BOX 4554 Greenwood Village, Co. 80155, USA

**LOCAL PHONE:** 720-460-0941 **TOLL FREE:** 1-866-341-1665



## CLIENT QUESTIONNAIRE

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**What is most important to you in your life, and how do you know that?**

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**What are your major concerns and why?**

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**List your top five values:**

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

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**What is your personal vision?**

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**In twenty-five words or less, write your personal purpose/mission:**

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**What are your primary goals:**

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**List five goals you have currently (Now Vision):**

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

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## CLIENT QUESTIONNAIRE

**List five goals you want to accomplish within the next 12 months (Near Vision):**

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

**List five goals you want to accomplish in your lifetime (Far Vision):**

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

**What are you willing to do to achieve your goals?**

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**What are your professional strengths and assets?**

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## CLIENT QUESTIONNAIRE

**What is holding you back? (i.e., unhealthy relationships, recurring problems, limiting beliefs, unproductive habits, disorganization, etc.)**

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**What accomplishments are you most proud of in your life and why?**

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**What do you most want to get out of our coaching relationship?**

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**How would you know if you are getting it?**

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**Comments:** (Please note any other issues that are important for me to understand as your coach, e.g. physical, psychological, or belief issues).

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