



Mentoring Interview Questionnaire

COACHING: *Helping you do what you want to do better.*

MENTORING: *Providing guidance to help you listen to Soul's directive.*

Date: _____ Email: _____

Name: _____ Address: _____ M F

Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Phone: _____

Optional Responses

Marital Status: M S D W Current Career: _____

Children (number, sex and ages):

Current Health Issues: _____

What areas of your life would you like to see a conscious redevelopment for yourself?

Family Issues

Spiritual Enlightenment

Focus

Physical Wellbeing

Life Skills Development
(Release, forgiveness, etc.)

Prosperity

Career Change

Anger Management

Other: _____

Relationships

List your choices in order of importance to you:

1) _____

2) _____

3) _____

This mentoring program is designed to help Mentee develop life skills that will ultimately bring a sense of peace and understanding by eliminating patterns/defenses that are no longer necessary for living a healthy life. The following life skills are accessible from this program. Please circle all those that you would like to develop.

Word Selection

Faith	Love	Understanding	Release
Order	Strength	Wisdom	Forgiveness
Zeal	Imagination	Will	

List three people you admire and why? They need not be alive nor do you need to know them. USE ONLY ONE WORD FOR YOUR WHY.

Name	Why
1) _____	_____
2) _____	_____
3) _____	_____

Use the words provided to describe your relationship with:

Mother •	Poor	Fair	Good	Great
Father •	Poor	Fair	Good	Great

Where are you in your familial birth order? (circle) 1 2 3 4 5 6 7

What body shape best describes you:

_____ Tall and angular	_____ Rounded and puffy
_____ Well-muscled	_____ Rounded and fleshy
_____ Rounded middle-pointy top	

Please select all physical issues that you have chronically experienced in the last 10 years.

_____ Constipation	_____ Lung issues
_____ Skin issues	_____ Orthopedic issues

- | | |
|--|--|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Hormone issues | <input type="checkbox"/> Knee pain |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Bladder/kidney infections |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Abdominal issues |

Select one word below that best describes your feelings for the majority of your waking hours.

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Melancholy | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Worrisome |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Pensive |
| <input type="checkbox"/> Irritable | |

As it relates to how you express sound, select the word that best describes your conscious expression of sound.

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Weeping | <input type="checkbox"/> Groaning |
| <input type="checkbox"/> Shouting | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Laughing | |

What times of day do you eat?

- First meal _____
- Second meal _____
- Third meal _____
- Snacks _____

Assign a number from 1 to 7 of your favorite color (s) to your least favorite color from the colors listed below with the number 7 indicating your most favorite color.



Please list what you do in your spare time:

Do you believe that there is a power greater than yourself that offers ideas and opportunities for living a good life? Please explain your answer.

What time of the day would best suit you for communications? Morning Noon Early Evening

Note: This program consists of mental, emotional and spirit development that may require time for self-reflection.

Date: _____

Signature