

Name _____

Email _____

FRAMING OUR VISIONS EVALUATION

Please answer the following questions so that your visionary ideas can be better understood and to help start your Framing Our Visions Starter Pack.

1 Have you ever completed a vision board or participated in a vision-based activity?

- | | |
|---|--|
| ☐ Yes, Once. | ☐ Yes, many times. |
| ☐ Yes, but I didn't finish the project. | ☐ No, never. |

2 If yes, was this in a group or on your own?

- ☐ Yes, group activity
- ☐ No, alone

3 Age Range

- | | |
|-----------------------------|-----------------------------|
| ☐ 18-22 | ☐ 35-44 |
| ☐ 23-29 | ☐ 45-54 |
| ☐ 30-34 | ☐ 55+ |

4 What are your vision goals? Check ALL that apply.

- | | |
|---|--|
| ☐ New Home or Apartment | ☐ Expansion of family - pregnancies, adoption, foster care |
| ☐ Travel Opportunities | ☐ Marriage goals (First time or remarrying) |
| ☐ New Job Opportunity or Career Advancement | ☐ New Wardrobe |
| ☐ Improved Family Bonds - spouse, mom, dad, children, siblings, relatives | ☐ Home renovations |
| | ☐ Romantic Relationships Goals |

5 Please provide any additional areas of your goals you would like to see come true.

6 How long you able to sit without checking your phone ?

- | | |
|---|--|
| ☐ Less than 10 minutes | ☐ Longer than 30 minutes |
| ☐ Between 10-20 minutes | ☐ For several hours |

7 Which movie and book genres do you enjoy? (Check all that apply.)

- | | | | |
|-----------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|
| ☐ Adventure | ☐ Horror | ☐ Science Fiction | ☐ Fantasy/Magical |
| ☐ Humor/Funny | ☐ Mystery | ☐ Folklore/Myths | ☐ Historical |
| ☐ Sports | ☐ Relationships | ☐ Comics/Manga | ☐ Biographies |

8 Write the titles of your favorite movie, book and songs.

9 Is there anything else you would like me to share about yourself?