

QUESTIONNAIRE:

Name:

Date of Birth:

Address:

1. What is your motivation behind seeking to be coached by me?
2. Are you being faced with a specific challenge?
3. Since when have you been pouring over this issue?
4. Are you currently seeing a medical specialist? If so, since when and for what purpose?
5. Are you suffering from any chronic illness?
6. Are you taking any medications? If so, please list them below:
7. Please answer the following questions based on your level of physical exercise:
Do you exercise?

If so, what does your exercise consist of?

If so, how often do you exercise?
8. Please describe your family situation.

9. Are you working?
10. How much time do you spend online each day?
11. How much time do you spend on the phone each day?
12. What are your hobbies?
13. Do you have pets?
14. How many hours do you sleep on average?
15. Where were you born?
16. Do you know your astrological sign? If so, please state it below.
17. Do you smoke or drink alcohol? If so, please list the quantities below.
18. Is there anything in particular about you that you want me to know?