STRATEGY SESSION QUESTIONNAIRE

Please answer the questions honestly and to the best of your ability.

Email me your answers 24 hours before our scheduled appointment.

I look forward to speaking with you soon.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What interested you in having a strategy session (consultation)?

2. What is the main area of struggle or concern in your life (business) right now?

3. Describe your ideal life (business). If you could resolve your main area of struggle and live a life you LOVE (or – enjoy a highly productive, profitable, and successful business), what would that look like?

4. What self-improvement work (i.e. books, courses, coaching, etc.), if any, have you done previously and what has been your experience with it?

5. On a scale from 1-10, how ready are you to invest in changing your results in your main area of struggle, on a mental, physical, and emotional level?

6. Up until now, what has kept you, (your business) from experiencing optimal results? What do you think is the underlying, REAL reason?