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Coaching Questionnaire

Please fill this form at the start of our coaching relationship. It is an important part of beginning the coaching to really get clear on what you want and the areas that have standing in your way of achieving that. This is very much a time of better understanding yourself that will make your coaching experience more effective. So take your time and be honest as you evaluate where you are. You can fax or email it back so I can set up my records.

Name: _____

Phone: (W) _____ **(H)** _____

Cell: _____ **Email:** _____

Address: _____

State: _____ **Zip Code:** _____ **Country** _____

Birthdate: _____ **Start Date:** _____

GOALS

1. What are the top three areas that you would like to change in the next three months? Please be specific.

2. What changes/actions are needed for these to be accomplished easily?

3. Why do you want to work with a coach at this time in your life?

PERSONAL LIFE

4. What are things that need to be let go of so you can move forward?

5. What is the hardest thing that you have overcome in your life?

6. What has helped you make changes and overcome patterns in your life?

7. Are you drawn to spirituality; having a higher power or concept of God? If so, explain

8. What major transitions have you had in the last two years?

9. What is your current level of stress on a scale from 1-10 with 10 being the highest?

10. What are the stressors in your life currently?

11. What kind of things are you tolerating in your life? Ex. Messy office, rude or draining people, job frustration, broken appliances or equipment, emotional upsets over relationships, unforgiveness

12. Who are the key people in your life and what do they provide you?

COACHING YOU

13. How do you want your coach to stand behind you on your goals?

14. How will you know when you are receiving value from the coaching?

PERSONAL VISION

15. What are you drawn to doing in this world that would bring you great fulfillment?

16. What has prevented you from living your vision?

17. If you could design your ultimate life vision what would it be?

PERSONAL HEALTH

18. How would you rate your health on a scale from 1-10?

19. How is your level of health holding you back from achieving your vision?

20. What would you most like to improve in the area of health?- physically or mentally

21. If you have a daily regiment to start your day what does it look like?