

Life Coaching Confidential Needs Assessment

Name _____

Address _____

City/State/Zip _____

Phone/ email address _____

1. Would you like to receive a free phone consultation in one of the following areas? Please Check One of the Following:

Stress Management Balancing Life Communication Skills De-cluttering

2. What is your overall satisfaction level in life if 10 is the highest possible and 1 is lowest possible _____

3. What gives your life meaning, gets you out of bed in the morning, or makes you pound your fist on the table? _____

4. What are the MAJOR frustrations that you personally experience in your life?

A. _____

B. _____

C. _____

5. Over the last 3 years, has your personal satisfaction:

Greatly Increased ___ Slightly Increased ___ Remained Flat ___ Slightly Decreased ___ Greatly Decreased ___

6. What do you consider to be your major strengths?

7. What do you consider to be your major weaknesses?

8. What are your biggest opportunities?

9. What are your biggest threats?

10. Are you ready to make the necessary changes to live the kind of life you want to live?

Please fax to 866-411-8254 or email to Cindy@cindymatthes-loy.com

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