# Getting to Know You (Even Better)

To enable the Coaching to be as effective and specific to you as possible (so you get the very best results from the Coaching), please answer the following questions. Yes there are a lot of questions and - given the life that you have already lived - I am sure there is plenty more about you we are still to learn. There are also no right or wrong answers. Be curious. As you read each question, listen to what comes to mind first, even if it doesn’t make a lot of sense.

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| **Name** |  |
| **Date of Birth** |  |
| **Mobile number** (for contacting you for Sessions) |  |
| **City & Time Zone** |  |
| Preferred **email address** |  |
| What is your current **‘occupation’**? |  |
| What is your **relationship status**?Feel free to expand. |  |

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| What do you **want to achieve** most by working with me as your Coach? Be as specific as you can. |  |
| What has been your **primary focus** in life (i.e. where have you put most of your time and energy?) |  |
| What is a **significant event** that has created the life you have, and what have you learnt from it? |  |
| What is ***another* significant event** that has created the life you have, and what have you learnt from it? |  |
| What is a ***third* significant event** that has created the life you have, and what have you learnt from it? |  |
| What does **SUCCESS** mean to you? |  |
| What do you think **might stop you** from being even more successful? |  |
| What do you think **most influences you** in life? |  |
| What do you feel is within your **control**? |  |
| What do you feel that you **don’t have control** over? |  |
| What is **most** important to you in your life? |  |
| What is **great** in your life today? |  |
| What do you think might be **missing** from your life? |  |
| In what areas of your life do you experience the most **stress**? |  |
| What **emotions** and **behaviours** do you experience on a regular basis that you would like to change or eliminate? |  |
| How would you describe your **physical activity** level? |  |
| How would you describe your understanding and practice of **optimal nutrition**? |  |
| What are the last **five books** that you have read? |  |
| What is the area in your life where you have the greatest amount of **success**? |  |
| What is the area in your life where you have the greatest amount of **challenge**? |  |
| If you are being honest, the reason that you *don’t have* exactly what you’ve always wanted in life right now is because…? |  |
| If you didn’t care so much what other people thought, *the first thing you’d probably do is*…? |  |
| If you could **do anything** in the world, and know you could make an awesome living while doing what you loved, you would…? |  |

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| What do you believe are your greatest **strengths**? |  |
| How do you use your **strengths** in greatest service to yourself and others? |  |
| What are your **core values**? What is your number 1 core value? |  |
| What are some of your **most effective positive habits**? |  |
| What habits do you think might be **holding you back**? |  |
| What are some of the things that you **love** to do? *Time disappears when you are doing them.* |  |
| What 5 things you have accomplished that you are most **proud** of? |  |
| If you had all the time and all the money in the world, **what would you do?** |  |
| Who are your **heroes**? Why? How are you like them? |  |
| What **would you do** if you weren’t afraid? |  |
| If you were **guaranteed** to succeed, what’s the #1 thing you would do? |  |
| As above, but “What else?” |  |
| What are some of your highest ‘**values**’? What do you value most in yourself and others? |  |
| How can you live in more **integrity** with your values? |  |
| What’s the #1 thing you could **start doing** that would have the most positive impact in your life? |  |
| What’s the #1 thing you could **\*stop\* doing** that would have the most positive impact in your life?! |  |

**Heart-Based Goal Setting**

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| What are you really **passionate** about? |  |
| What are some of the things you **love** to do? They light you up. |  |
| What are you **really good** at? You do these things easily. |  |
| What are 3 of your **greatest achievements** this year, so far? |  |
| What do you think your **main goal** for this year is? |  |
| What is something you would love to achieve this year that would be **totally awesome**? |  |
| What is something you would love to **be, do, or have** that scares you a bit just imaging it? |  |
| What are some of the **core** **feelings** you would really love to be regulars this year? |  |
| What are your **Top 3 Goals** for this year? |  |
| What is a goal you would like to achieve in the next **30 days**? |  |
| How do you generally **record** and track your goals? |  |
| What do you think is the best **help** I (your Coach) can provide you with? |  |
| What has **gotten in the way**, in the past, from you achieving goals you have set? |  |
| How would you **feel** if you achieved your major goal for this year? |  |
| Would you like to say or share **anything else** that you think might help get the most out of the Coaching Sessions? |  |
| **On a scale of 0-10, how committed are you to doing everything it takes to feel as vibrant, healthy, and happy as you possibly can?**  0 = Not at all. I’d rather keep feeling this way until I find a magic pill.  5 = I’m willing to listen but I will decide as we go  10 = 100% committed |  |

Well done!!

Please email your completed questionnaire to [coaching@sharoncavanaugh.com](mailto:coaching@sharoncavanaugh.com).

I look forward to speaking with you soon.

Choose to make it a FANTASTIC Day!

Intake Form adapted from Carl Massy www.CarlMassy.com