



## Heal Your Life® Coaching Questionnaire

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Current age: \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Why you are interested in life coaching? What would you like for us to focus on?**

**Are you presently experiencing any blocks and/or changes with respect to this?**

**Please rate the following areas of your life on a scale of 1 to 10. (1=low, 10=high)**

1. Physical Health \_\_\_\_
2. Emotional Health \_\_\_\_
3. Relationship (primary) \_\_\_\_
4. Friendships \_\_\_\_
5. Spiritual Health \_\_\_\_
6. Job or career \_\_\_\_
7. Financial prosperity \_\_\_\_
8. Sense of purpose \_\_\_\_
9. Assertive ability \_\_\_\_
10. Time management \_\_\_\_
11. Experiencing joy \_\_\_\_
12. Intuition \_\_\_\_

**What else would you like me to know about you?**

**Are you in therapy or taking medication? If yes, explain.**