



Client Questionnaire

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Mobile phone _____

Married Single Widowed Divorced

Spouse/Partner Name _____

Children (Names, Ages, Schools) _____

How did you hear about Schneider Coaching Group? _____

Congratulations on taking a very important step in your life!

Coaching is an exciting journey, and I am thrilled that you have chosen Schneider Coaching Group, LLC to help you reach your goals and lead the life you envision.

This questionnaire contains some through provoking questions to help you think about your life and what you want to achieve. Allow yourself some quiet time to answer carefully and honestly.

I look forward to working with you!

Thank you,

Arlene

Your Goals:

What 3 changes do you most want to make in your life?

- 1. _____
- 2. _____
- 3. _____

What do you most want to achieve? And are you ready to achieve?

Have you been in counseling or therapy before? _____

If yes, what worked well for you? What did not work well?

What major changes have you experienced in the past two years? (i.e. change of job or schools, a new role, change in residence, etc.)

Your Life:

On a scale of 1-10 (10 high), how much stress is in your life right now? _____

What causes you stress? _____

What are you tolerating in your life at present? (Examples: unsatisfactory relationships, dented car, job dissatisfaction, money problems, dissatisfaction with self, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

What 5 adjectives would someone use to describe you at your best?

1. _____ 2. _____

3. _____ 4. _____

5. _____

How would they describe you at your worst?

1. _____ 2. _____

3. _____ 4. _____

5. _____

What five adjectives would you use to describe yourself at your best?

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____

At your worst?

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____

What concerns do you have about life?

- 1. _____
- 2. _____
- 3. _____

What causes you to feel motivated?

Do you drink alcohol? If yes, how many drinks a week? _____ A day? _____

Do you feel you have an alcohol problem? _____

Do you use/abuse drugs? If yes, what kind and usage? _____

Do you have thoughts of harming yourself? Have you in the past? Please explain.

Potential and Possibility:

What goals do you want to achieve through coaching? _____

What is your personal, academic, or professional vision?

What intentions do you have for your life presently?

On a scale of 1-10 (10 high), what is the quality of your life today. _____