



## COACHING QUESTIONNAIRE



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (day) \_\_\_\_\_

Phone (evening) \_\_\_\_\_ Cell \_\_\_\_\_

Preferred way for contact: \_\_\_\_\_

Congratulations on taking a very important step in your life!

This questionnaire contains some powerful questions for you to consider before your first coaching. This tool is meant to empower you to think clearly, become intentional and allow yourself the privilege to look for the answers. Think about what you want, what limitations you're currently living with, and how you can move forward into the life you desire living.

To make the most of this session, I invite you to find 45 min to 1 hour where you can have an appointment with yourself, uninterrupted. Find an environment that is relaxing, pleasing and allows you to be at your best, 100% focused on yourself. Give yourself the gift of time. Allow your answers to come from your whole engaged being.

Use this tool anyway you would like. Take some time to ponder the questions, answering all the questions or choosing not to.

**I hope that you will make a choice to be open to all possibilities.**

**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?

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As an adult, have you worked in one-on-one relationship (e.g., tennis coach, piano teacher, and therapist)? \_\_\_\_\_

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

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

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**Your Life:**

On a scale of 1 – 10 (10 high), how fulfilled are you with the choices you've made in the last 6 months? \_\_\_\_\_

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

What causes you stress?

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What are you tolerating in your life at present? (Examples: clutter, poor lighting, dented car, job dissatisfaction, dead plants, broken equipment, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Your Self:**

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

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_

Coaching Questionnaire

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?

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## Potential and Possibility

What is your personal and/or professional vision?

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What intentions do you have for your life presently?

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

Please e-mail or mail all pages of this document to:

Mary Ellen Waltemire  
Life & Leadership Coach  
[maryellen@onestepclosercoaching.com](mailto:maryellen@onestepclosercoaching.com)  
11320 Manse Road  
Hagerstown, MD 21740  
Cell phone : 301.991.4142  
Home phone : 301.739.0997