XXXXX

All the information in this questionnaire will be kept private and confidential.

**Questionnaire**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is your current occupation?

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Are you employed or a business owner?

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What are the top 5 things you like and enjoy about your work?

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What are the top 5 challenges and dislikes about your work?

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What are you currently most stressed and worried about? List in order the highest priority things you would change if you could.

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What have been the 5 most challenging events in your life?

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What 5 things have you done or not done that you feel shame and guilty about and wish you could change?

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What do you feel your most limiting beliefs and blocks are? (Write as much as you like and as best as you can describe what comes up)

What are your beliefs about money? Limiting or otherwise

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Who have been the 5 most influencing people in you life, negative or positive and why?

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Who do you have the most emotional charge on in your life? Who pisses you off the most? Then list all the admired traits and all the despised traits

What traits do you most admire and despise in yourself

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What do you believe to be your 5 highest values?

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If you knew you could not fail, what would you truly love to do and create in your lifetime?

What makes you feel most inspired in life?

Do you do any spiritual or physical practices regularly? (Yoga, surf, golf, mediation, martial arts, gym, sports, walking, running, swimming)

What area of life would you most like to empower and why?

What are the top 5 things you would like to learn and master as a result of this consulting?

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Thank you for taking the time to fill this out, it will help me make sure we work on the highest priority areas during our time together.