

# Confidential Questionnaire

Name \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Please bring the completed questionnaire with you for your one-on-one workshop.*

1. What are your greatest concerns about your current situation?

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2. What do you like most about your current situation?

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## Confidential Questionnaire

3. If you and I were meeting here at the end of your life looking back over your lifetime what has to have happened for you to feel that you had enjoyed your life to the fullest and realized your dreams?

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4. What significant personal & financial progress have you already achieved toward realizing your dreams?

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## Confidential Questionnaire

5. What roadblocks stand in your way to achieving your dreams listed in Question 3?

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6. What are the most important actions you must take to overcome the roadblocks listed in Question 5?

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## Confidential Questionnaire

7. What do you hope to achieve by going through this process?

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