



Personal Development Coaching Questionnaire

1.	Please rate from 1 to 10 your level of worry, frustration, & stress collectively. 1 being the lowest level and 10 being the highest level of worry, frustration, and stress.	1 2 3 4 5 6 7 8 9 10
2.	What do you believe causes your stress?	
3.	Do you have any trouble relaxing and letting go of the cares that you have?	YES or NO
4.	How often do you take a break or vacation?	Often Rarely Never
5.	What in your life exhilarates you? Do you do enough of it?	
6.	How often do you meditate or have quiet time?	Often Rarely Never
7.	Do you get great sleep at night and wake up fully energized?	YES or NO
8.	Are mood swings and anger something you deal with?	
9.	What is your biggest fear?	
10.	Would you say you have great relationships with family, friends, or a significant other?	YES or NO

11.	What or whom drains your energy, why do you let it happen?	
12.	Do you find your thoughts all over the place even when you are trying to focus?	YES or NO
13.	Do you feel overwhelmed, disorganized, or have trouble concentrating?	YES or NO
14.	What are your current personal and or professional goals?	
15.	Have you ever worked with a coach before? If no, are you open to working with a coach on personal development?	

Client Name: _____ Date: _____

Signature: _____