

Life Coaching Services

Name: _____

Address:

Contact Information (please include phone # and email address):

When is the best time for you to meet with your coach?

Please complete the following questions and return this form to
623-321-6145 or coaching@sarahbliss.com

1.) What is your major objective/outcome in working with a coach?

2.) What stops you from having this desired outcome now?

3.) What resources do you have in place now, which could support or contribute to your desired outcome?

4.) How will this change affect those around you?

5.) Are you willing to change limiting belief systems or old patterns in order to obtain your desired outcome?

6.) If money or time were not an issue, what would you most want to study, practice or master?

7.) What kinds of needs, opportunities, activities or ideas really motivate you and seem to give you energy?

Sarah Bliss

Your Path To Living An Extraordinary Life!

8.) What do you think or dream about when you lie awake at night?

9.) How many hours a day do you think you engage in unproductive activities (does not just pertain to "work" hours, this includes negative self talk, destructive habits, etc)

10.) Do you set clear and measurable objectives for yourself?

11.) Is your time so tightly scheduled that you feel under pressure or stressed?

12.) Do you have a hard time delegating or saying no?

13.) How do you manage or set healthy boundaries?

14.) Out of the 4 examples, which one would your best friend or spouse describe you as?

- 1.) Straight To The Point
- 2.) Outgoing & Social
- 3.) Steady & Dependable
- 4.) Cautious & Perfectly Accurate

15.) Complete the following Complete the following "Wheel of Life". Fill in the percent of where you see your life now. (insert)

