



Life Coaching Questionnaire
Cindy Walker B.A. eRYT CLC
(408) 234-6430

cindy@y-tal.com - www.yogaandtheartofliving.com

Please read and briefly fill out the below questions. These questions are asked to help me get to know you better, get a clear picture of where you are in your life, and where you would like to go with Life Coaching Services. Your responses will be kept strictly confidential.

Full Name:

Age:

Where do you live?

Marital / Single / Divorced:

Please describe any relationship that you are currently in:

Kids - Names & Ages:

Tell me about your kids:

Relations with Family Members:

Pets:

Please describe any medical issues you are having? Prescription Medications and/or supplements:

Please describe your diet?

Tell where exercise is in your life?

What emotions do you experience most strongly in everyday life?

Organized Religion:

Occupation:

Tell me about what you love/hate about your work?

Hobbies:

Tell me about your childhood? Were you happy? Were you often angry, sad or afraid? Why?

What is your favorite thing to do in the world?

What are you good at doing in life?

What (3) things that you do daily life that you love?

What (3) things that you do daily life that you hate?

Name (3) strengths and (3) weaknesses:

What is your biggest fear?

What are you not willing to put up with anymore?

What must change NOW?

What would bring more meaning to your life?

What dream(s) did you give up on?

What dream(s) do you wish to actualize?

Name (3) specific things you hope to gain from Life Coaching?

If I had a magic wand, what would you ask me to wave it at?

Thank you for taking the time to complete this questionnaire. I appreciate your openness and willingness to take this life-changing step in your life.

Xo
Cindy Walker

