

Client Questionnaire

Client Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Please complete and return this questionnaire as soon as possible by emailing or faxing back to my office. This questionnaire is designed to accomplish 2 things: 1) to help me determine if there is a good fit between you and your business goals and my coaching services and 2) to help make our initial consultation as productive as possible. The questionnaire includes general questions about your goals and ownership/leadership style as well as more specific questions relating to your business. It is important for you to be as honest and accurate as you can.

Introduce me to yourself and your business

1. What type of business are you in?

- Professional Service
- Manufacturing
- Retail
- Wholesaler/Distributor
- Other _____

2. Please list the specific types of products and/or services you provide for your customers.

3. How long have you been in this type of business?

4. Who, other than yourself, is involved in the decision making of your business?

5. What are your goals in your business? Please be specific.

6. Do you have a business plan or career plan? Yes No.
If yes, how often do you compare and measure your progress to the plan?

- I don't
- Monthly
- Quarterly
- Annually
- Other _____

7. What has been your biggest professional accomplishment so far? What are you most proud of?

8. Please describe the strengths you bring to this business.

9. Please describe your main challenges. What holds you back? Be specific.

10. What techniques and strategies do you regularly use to stay "on top of your game"?

11. How many hours per week do you currently work on average? _____
How do you feel about this?

12. What are your hobbies? How do you currently spend time outside of your business?

13. If you had enough time and financial resources to do anything you chose, how would you spend your time outside of your business?

14. What revenues and profits has your business generated in the past 3 years and what do you project for the current year? If you do not have 3 years history, just include the years you do have.

Current year	_____	Revenue	_____	Profit
Last year	_____	Revenue	_____	Profit
2 years ago	_____	Revenue	_____	Profit
3 years ago	_____	Revenue	_____	Profit

15. How do you feel about the amount of money you currently make?

16. List the top 5-10 ways you generate leads today.

17. What is your conversion ratio? What % of leads actually buy from you? _____

18. Is your conversion ratio estimated or measured? Estimated Measured

19. What is your average \$ sale? _____

20. On average, how many transactions per year (or month, or week, etc..) does your average customer purchase from you? _____ X per *week/month/year/other* _____

21. How often do you stay in contact with your existing customers and what methods do you use?

22. What sets you apart from your competition? What is the compelling reason someone would want to do business with you?

23. What frustrations do your clients experience when dealing with your industry in general (e.g. trades-people showing up late or leaving a mess)?

24. What parts of your business/profession do you enjoy MOST or find the most rewarding?

25. What parts of your business/profession do you enjoy LEAST or find the least rewarding?

26. Please check the box that describes you most of the time.

- I love my job. I can't wait to get up in the morning and go to the office.
- I enjoy what I do, but if I really had my choice, I'd rather do _____
- I can take it or leave it.
- I don't really like my job, but it pays the bills.
- I hate my job.

27. Describe your top 3 target market groups (e.g. businesses with more than 100 employees, OR - professionals age 25-40 with incomes between \$25,000-\$50,000, etc...)?

- 1 _____
- 2 _____
- 3 _____

28. How many employees, on average, have you employed in the past 3 years?

- _____ Currently
- _____ 1 Year ago
- _____ 2 Years ago

29. What team or staff challenges do you have in your business currently?

30. On a scale of 1 to 10, please rate your skills (S) and interests (I) in the following key areas with 1 being the least and 10 being the highest.

Leadership	_____ S	_____ I
Marketing	_____ S	_____ I
Sales	_____ S	_____ I
Finance	_____ S	_____ I
Operations	_____ S	_____ I
Strategic Planning	_____ S	_____ I
Goal Setting	_____ S	_____ I
Customer Service	_____ S	_____ I
Decision Making	_____ S	_____ I
Employee Development	_____ S	_____ I

31. If there was one thing you could change about your business in the next 90 days what would it be and why?

32. Are you coach-able? Yes No

33. In what ways do you feel you will benefit from having a business coach?

34. Do you have any concerns or questions?

Congratulations and thanks for your time ...

Thank you for taking the time to complete this questionnaire ... it's really important for both of us to fully understand your current situation ... that way we can be sure to put our effort into the areas of your greatest importance.

Please email (paulwildrick@provengain.com) or fax back to me before our appointment to 925-254-9349

Confidentiality Note

The information contained in this questionnaire is confidential information intended only for the use of *Proven Gain* and the person completing this questionnaire. If the receiver of this questionnaire is not the intended recipient, the receiver is hereby notified that any dissemination, distribution, copy or publication of the questionnaire is strictly prohibited.