

Personal Questionnaire

N	lame	e:	Mobile Phone:	
Α	ddre	ess:	Home/Office Phone:	
E	mai	il:	Birthday (MM/DD)	
I.	BA	ACKGROUND/PERSONAL LIFE		
1.	De	escribe your upbringing (location, community	r, family, traditions, etc)	
2.	Wł	hat aspects of your upbringing contribute to	who you are today?	
3.	Are	Are you single or married?		
	a)	If married, what is your spouse's name?		
	b)	Anniversary date (month/day/year)?		
	d)	Does your spouse work? Do you have children?		
	e)	If yes, please list names and ages:		
	f)	Are other persons living in your home (pare	ent, grandchild, etc.)?	
4.	Wł	hat is your profession?	How many years?	
5.	What are your main responsibilities in your present position?			



7. What are you passionate about and motivated by?					
8.	What are your top values?				
9.	What are your strengths?				
10.	How do your passions, values, and strengths align with your present position?				
11.	How many hours a week do you spend focused on:				
	Career Family Serving/Ministry				
13.	Is your annual income able to support your family needs?es support come from other than income from your primary career? How do you rate your personal life on a scale from 1 to 10, 10 being alive and fulfilled? ou rate it less than 10, what areas of your life need to change or improve?				
	On a scale of 1-10, with 10 being most satisfied, rank the following areas that are applicable our life:				
Fai	ith/Spiritual Growth Priority Management Service & Leadership				
Не	alth Finances Singleness or Marriage Parenting				
Rel	lationships with Others Lifelong Learning Finishing Well				
	. What forms of communication (Zoom, emails, phone, texting etc) are you most comfortable h using?				
n.	YOUR GOALS				
1.	Do you set personal goals? If so, how has it worked for you?				
2.	Do you have a personal mission/goal (purpose) statement? If so, please share it here.				

6. What did you do before your present position?



3.	What are some life-giving activities that you engage in?		
	How much	time per week do you spend in them?	
4.	If you had no obstacles, what would you want the focus to be in these areas?		
	a.	Personal Focus:	
	b.	Emotional Focus:	
	C.	Spiritual Focus:	
	d.	Professional Focus:	
	e.	Financial Stewardship Focus:	
III.	YOUR L	EADERSHIP	
1.	What are y	our leadership strengths and spiritual gifts?	
2.	How do yo	our values come into play in your leadership?	
3.		personal communication abilities on a scale from 1 to 10, with 10 being most	
4.	Rate your	Rate your work habits and disciplines on a scale from 1 to 10, 10 being most efficient.	
	b.	Time Efficiencies Organizational Setting Priorities	
5.		imstances create frustration or complaining with your co-workers, work team, partners or family members?	
6.	How do yo	ou relieve work stress?	



7. What excites you most about growing in leadership?

YOUR TEAM LEADERSHIP PLANS – Only answer if this is applicable

1.	Do you have a written strategic plan for the next 12 months? If so, please include a copy for review.		
2.	What barriers do you foresee that may prohibit you from accomplishing the above goals?		
3.	Do you review your strategic plan with anyone on a regular basis? If so, how often?		
4.	Have you developed a team to help fulfill your strategic plans?		
5.	How often do you meet with your team?		
6.	Do you have a growth plan (including curriculum) to grow your team personally and professionally? If so, please name your resource.		
IV. YOUR SPIRITUAL JOURNEY			
1.	Do you have a mentor, coach, or discipler actively involved in your life?		
2.	What makes him or her valuable to you?		
3.	Do you attend or lead a small group for accountability or bible study? Lead Attend Size of Group: Topic:		
	How often do you meet?		
4.	How many hours a week do you spend in prayer and devotion?		
5.	Do you attend church?		
	If so, name of church		



V. COACHING FOCUS

•••	11 30/13 mm d 1 3 3 3 3		
1.	What needs to change in your professional life / leadership capabilities?		
	a.	I need improvement in (These may be things I do well but want to grow to a higher level.)	
	b.	Identify circumstances or events that are limiting your ability to achieve your full potential.	
2.	. What needs to change in your personal life?		
	a.	I need improvement in (These may be things I do well but want to grow to a higher level.)	
	b.	Identify circumstances or events that are limiting your ability to achieve your full potential.	
3.	. What needs to change in your relationships (family, friends, co-workers, etc)?		
	a.	I need improvement in (These may be things I do well but want to grow to a higher level.)	
	b.	Identify circumstances or events that are limiting your ability to achieve your full potential.	
4.	What outc	ome do you desire in your professional life / career/ ministry?	
5.	What one	area would you like your coach to help you with as a top priority?	