|  |  |
| --- | --- |
|  | WPN Central: 800.928.6928 |

**INTAKE QUESTIONNAIRE**

Please return this completed form via email to:

Nancy@WomensProsperityNetwork.com

at least 24 hours prior to your session

**Note:** Your session will take place via conference line

**Dial 712-432-0900, Code 316545#**

(or login using VOIP at ► [Freeconferencing.com](http://freeconferencing.com)

|  |  |
| --- | --- |
| **Primary Client** | **Business Partner/Spouse****(as applicable)** |
| Name | Name |
| Email | Email: |
| Cell Phone | Cell Phone |
| Other Phone | Other Phone |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Preferred Method of Contact: [ ] Text [ ] Phone [ ] Email | Preferred Method of Contact: [ ] Text [ ] Phone [ ] Email |
| Best time of day to reach you: | Best time of day to reach you: |

**What is your primary business?**

**Company Name 1:**

**Company Name 2:**

**Do you have a website(s)? If so, please list the domain below**

**What do you want / What’s Your Why?**

Motivating factor for your Vision (i.e., money for family; to help people; to change something):

GOALS

**We need to set some ‘getting started goals.” Your goals should be *SMART*:**

**Specific, Measurable, Action Based, Realistic, and Timely**

|  |
| --- |
| **What are your short-term goals?** **1 month:** |
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| **What are your intermediate goals?****3 months:** |
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| **What are your longer-term goals?** **6 month:**  |
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|  |
| **What are your long-term goals?****1 year & beyond:** |
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|  |
|  |

**Work Schedule:**

How many hours per week do you devote to your business? \_\_\_\_\_\_\_\_\_\_\_\_\_

**What’s Happening In Your Life / Business?**

What circumstances in your life right now (temporary or otherwise) should we take into account in creating your plan? (i.e. taking care of parent, medical issues, moving, etc.)

Life Stressor #1:

Life Stressor #2:

What are the challenges or obstacles you currently face in your business?

Business Challenge #1:

Business Challenge #2:

**Are You Currently Working with a Business or Life Coach?**

If so, what is the area of focus for your program with them?

If no, have you worked with a coach before?

**Business Set Up**

* How many years have you been in business?
* Do you have an Accountant? Bookkeeper?:
* Are you incorporated?
	+ If yes are you a LLC, SubChapter S – sole proprietorship or dba?
* How do you track your income and expenses?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Notebook or paper method |  | QuickBooks |
|  | Excel Spreadsheets |  | Other software |

**Financial**

How much revenue did your company(s) generate:

* in the last 30 days?
* in the last 60 days?
* in the last 90 days?

**Additional Companies/Businesses:**

**Do you have other streams of income?** Please list a short description of each.

**Marketing**

Do you use an email marketing system?

If so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In terms of your “Tribe” please let us know the number of connections you have:

 Email List \_\_\_\_\_\_\_ FB Friends \_\_\_\_\_\_ FB Page Likes \_\_\_\_\_\_ LinkedIn \_\_\_\_\_\_

Do you have a budget dedicated to marketing?

If so, how much (monthly $\_\_\_\_\_\_\_)

***Thank you for taking the time to consider these questions.***

***These answers support your coaching team in developing the best strategies***

***and tactics in the right sequence so that you achieve your goals.***