

NEW CLIENT QUESTIONNAIRE

1. Please describe the primary issue you would like to address:
2. What is your current situation related to the above condition and how does it affect your life?
3. What methods have you already used related to this condition?
4. What has worked, to what degree?
5. What has not worked, and what do you perceive your obstacles to be?
6. What is your most desired outcome related to this condition?
7. Are there specific times of day or sets of circumstances that you notice to be related to the condition? Please describe.

8. Please describe, in as much detail as possible, what images are in your mind when you imagine your most desirable outcome. *(Use the first person, i.e... "I am standing on a stage and speaking to a large audience of people who are very supportive and interested in my talk. I see myself walking the stage, feeling comfortable and confident, etc.)*

9. Please describe what positive emotions you may feel when you imagine your most desirable outcome. (Example: "I feel comfortable, self-assured. I am proud to be serving others. I am radiating confidence. I am passionate about what I am speaking about, etc.)

10. Please describe how achieving your goal will make a positive difference in your life.

11. How will you measure your success? *(Example, Successfully delivering a public speech, or being a non-smoker for 3 months, BP below 130/80 in 6 weeks, etc.)*