



Name: _____

Date: _____

Thank you for completing this questionnaire

Your responses are confidential and will be shared with no one (even if a third-party pays)

Complete it in order but not all at once

The questions will "prime" you for the change process and will help me coach you more effectively

RESOURCES (PERSONAL)

Strengths that help you succeed at work/life *(List five):*

How would you describe yourself *(Pick one from each pair):*

- Big-picture* OR *Detail-oriented*
- Easy-going* OR *High-strung*
- Usually calm* OR *Easily anxious*
- Global thinker* OR *Linear thinker*
- Energized by being alone* OR *Energized by being in a group of people*

When is your brain sharpest? *Early AM* *Late AM* *Afternoon* *Evening* *???*

How do you learn best? *Listening* *Reading* *Writing* *Doing* *Seeing* *???*

Rate your tech-savvy-ness *(1=low/beginner; 10=high/always looking for latest):* _____

Rate your typing skills *(1=hunt & peck; 10=whiz):* _____

Rate how much you enjoy reading *(1=do only if required; 10=need it like breathing):* _____

Rate your time consciousness (estimating and tracking) *(1=low/poor; 10=high/accurate):* _____

Your preferred communication method: *Face-to-face* *Phone* *Email* *Text* *???*

Your typical method at work: *Face-to-face* *Phone* *Email* *Text* *???*

The organization's preferred method: *Face-to-face* *Phone* *Email* *Text* *???*

JOB

These questions pertain to your current position at work:

Years in this job: _____ Years with this employer: _____ Years in this career: _____

Describe the culture at your workplace: _____

How well does the culture fit your values, etc.? (1=poorly; 10=perfectly) _____

Primary Roles & Responsibilities: _____

How does your job fit your skills, knowledge, abilities, values, etc.? (1=poorly; 10=perfectly) _____

How much do you like your job? (1=hate; 10=love) Usually: _____ Recently: _____

Best part of job: _____

Worst part: _____

What percentage of time do you spend in your office? _____

Does your car function as a second office? Yes No

How much air travel does your work require? Weekly Monthly Rarely None

List 5 resources that work well:

(You couldn't have made it so far without habits, processes, people, apps, software, devices, tools, reports, inner knowledge or skills, etc., that you trust, that function smoothly, that produce the results you want.)

Your Resource (What Works)

Why You Like It

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

RESOURCES (WORK)

Work hardware:

Computer platform: *Mac* *PC* Computer type: *Desktop* *Laptop*

Tablet (*Type/Model*): _____ Cell phone (*Type/Model*): _____

Rate device speed (*1=low; 10=high*): *Computer* _____ *Tablet* _____ *Phone* _____

Rate your proficiency (*1=low; 10=high*): *Computer* _____ *Tablet* _____ *Phone* _____

Do you have the devices you need to do your job effectively? *Yes* *No*

Does your phone synch with your work...: *Email* *Calendar* *Contacts* *Tasks*

Work software you use for work (put "N/A" if not applicable):

	<i>Program & Version (e.g., Outlook 2013)</i>	<i>Your Proficiency (1=low; 10=high)</i>		<i>Synchs with Phone</i>
Email:	_____	_____		<i>Yes</i> <i>No</i>
Calendar:	_____	_____		<i>Yes</i> <i>No</i>
Contacts:	_____	_____		<i>Yes</i> <i>No</i>
Tasks/To-Do's:	_____	_____		<i>Yes</i> <i>No</i>
Other software/apps you use regularly: _____				

Do you have the software you need to do your job effectively? *Yes* *No*

Other

How many calendars do you use (e.g., paper, digital, wall)? _____

How do you like your work space? (*1=little; 10=a lot*) _____

Which aspects of your current work space meet your needs (*Check all that apply*):

	<i>Size</i>	<i>Location</i>	<i>Light amount/type</i>	<i>Noise level</i>	<i>Accessibility by others</i>
Does your furniture meet your needs?	<i>Yes</i>			<i>No</i>	
How do you like your furniture? (<i>1=little; 10=a lot</i>) _____					
If not, can you buy new furniture soon?	<i>Yes</i>			<i>No</i>	
Do you trust your organization's leadership?	<i>Yes</i>		<i>Mostly</i>		<i>No</i>
Is your work valued, supported and respected by your organization?	<i>Yes</i>		<i>Mostly</i>		<i>No</i>
Is your work provided needed resources (including personnel)?		<i>Yes</i>		<i>Mostly</i>	<i>No</i>
Is your supervisor an ally and support for you?	<i>Yes</i>		<i>Mostly</i>		<i>No</i>

TIME / SCHEDULE

Describe how you plan and prioritize your work: _____

List your "typical" work schedule:

	Start	End	Other	Total Hours
<i>Example:</i>	9:00am	6:00pm	2 hrs in evening	10
<i>Mon.:</i>	_____	_____	_____	_____
<i>Tues.:</i>	_____	_____	_____	_____
<i>Wed.:</i>	_____	_____	_____	_____
<i>Thur.:</i>	_____	_____	_____	_____
<i>Fri.:</i>	_____	_____	_____	_____
<i>Sat.:</i>	_____	_____	_____	_____
<i>Sun.:</i>	_____	_____	_____	_____

What meetings do you attend regularly in-house?

	Meeting Name	Frequency	Duration	Productive
<i>Example:</i>	Leadership Team	2x/month	2-3 hours	Sometimes
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

How long is your daily commute to work (round trip)? _____

Do you have side jobs or business ventures? Yes (hours/week: _____) No Will soon

Describe: _____

What are your care-taking responsibilities (e.g., direct care, scheduling, driving to lessons, sports):

_____ Hrs/Wk: _____

What are your other household responsibilities (e.g., cleaning, laundry, yard, bills, shopping, trip planning):

_____ Hrs/Wk: _____

List other extra-curricular commitments (e.g., associations, boards, networking groups, religious institutions, support meetings, hobbies/interest organizations, volunteer commitments):

Organization Name	Hrs/Wk	Energizes or Drains You Now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORGANIZATION OF OBJECTS/DATA

- Can you find a paper file in your office in 2 minutes or less? Yes No
- Can you find a digital file in your office in 2 minutes or less? Yes No
- Where do you keep your "hot" files (those you are currently working on)? _____
- How do you organize your reference files? *(Check all that apply)*
- Alphabetically* *Numerically* *By subject* *Piles, not files* *N/A*
- Do you know how long to keep your paper and digital (incl. emails) docs/files? Yes No
- Do you know who is responsible for the record copies of your docs/files? Yes No
- If self-employed, how do you back up all your devices? _____

TASK/PROJECT MANAGEMENT

TERMS: *"Project" means a goal that requires multiple steps to achieve*
Typically, each active account/client and prospect is a project
"Task" means a single action (e.g., "Call Bob"); projects are composed of task

- How many work projects do you currently have? _____
- How do you track projects now (e.g., report, spreadsheet, written list)? _____
- How do you track tasks now (e.g., post-it's, an app, notebook)? _____
- Describe system you once had that worked well: _____
- Method you **want** to manage your projects and tasks: *Paper* *Digital* *Combination*
- Do you have a call/"touch" schedule for your clients?
- Yes, use it* *Yes, but it's not working* *Yes, but don't use it* *No* *Not applicable*
- Do you use checklists for repetitive and routine tasks? Yes *Sometimes* No
- Do you use templates for repeatedly-used emails and docs? Yes *Sometimes* No
- How many you typically receive each work day: Emails_____ Calls_____ Texts_____

CONTRIBUTING FACTORS

For the following, consider the past 12 months through upcoming 6 months):

Major changes or stressors (work): *(Check all that apply)*

New job New responsibilities New supervisor New staff New office
Restructuring Downsizing Difficult coworker or client Troubling situation

Add to or elaborate on any of the above: _____

Major changes or stressors (personal): *(Check all that apply)*

Illness (self) Injury (self) Illness (loved one) Injury (loved one) Care-giving role
Wedding/Newly Co-habiting Birth/Adoption Divorce or breakup Graduation
Move (new home) Home renovation Home building Chaotic/Disorganized Home
Legal problems Financial problems Relationship problems

Add to or elaborate on any of the above: _____

Other factors that may contribute to the situation: *(Check all that apply)*

Too many meetings Too many emails Too many interruptions
Workload too great Uncooperative coworkers Lack of support
Attention Deficit Disorder Learning disability Physical disability
Depression Obsessive-Compulsive Disorder Perfectionism (Black/White Thinking)
Memory problems Chronic pain Burned out Addiction
Difficulty letting go (e.g., deleting docs) People pleaser Superman/Superwoman mentality
Company requirements (e.g., store all files off desk, use digital calendar)

Other: _____

For the following, consider your entire life:

Would you describe yourself as "disorganized"? Yes No

If "yes"...

Has it had a negative effect on your quality of life (school, work, personal)? Yes No

Has it been a problem for a long time? Yes No If yes, how long: _____

Have you repeatedly tried and failed to make lasting changes? Yes No

BOUNDARY-SETTING

How do handle/prevent interruptions at work? _____

How do others respond to your limits? _____

When do you start taking work calls/emails/texts? Week days: _____ Weekends: _____

When do you stop taking work calls/emails/texts? Week nights: _____ Weekends: _____

When was your last vacation? _____ How long was it? _____

How much did you check in on work? *Daily* *Often* *A few times* *Not at all*

How much did you think about work? *Daily* *Often* *A few times* *Not at all*

HEALTH

Describe your health overall: _____

Describe your diet overall: _____

Describe your relationship with sleep: _____

Typical hours/night: _____ Do you feel tired during the day? *Usually* *Rarely*

Difficulty falling asleep? *Yes* *No* Difficulty waking up? *Yes* *No*

Describe your caffeine or other stimulant intake: _____

Describe your current exercise routine: _____

What do think/feel about it? _____

Describe your typical work lunch: _____

How much activity do you get at work? *Stand, sit, walk frequently* *Mostly sit* *Mostly stand*

RELATIONSHIPS

These questions concern your personal support network:

Consultant (*name*): _____ Therapist (*name*): _____

Support Group (*e.g., religious study group, 12-step program, grief support, etc.*): _____

Trustworthy person who can advise you regarding your work, career, etc. (*first name or initials*): _____

Trustworthy person with whom you can be emotionally vulnerable (*first name or initials*): _____

How often do you reach out for personal support and/or guidance?

Weekly Monthly Rarely Never

CURRENT SITUATION

What is your current productivity level at work? (1=low; 10=high) _____

Are you on target to meet your work goals for this year? Yes No *Don't have goals*

What **internal** indicators do you have that things aren't working? (e.g., things slipping, feeling out of control)

What **external** indicators do you have things aren't working? (e.g., feedback from others, lost deals, etc.)

What keeps you from being optimally productive? What needs to change?

Which, if any, of the following are problems for you?

Procrastination *Being late* *Missed deadlines* *Misplacing things/info* *Feeling scattered*

What would your supervisor/coworkers say needs to change?

What would your family/close friends say needs to change?

SUCCESS MEASURES (GOAL-SETTING)

List the top three goals you want to achieve through productivity coaching

Consider the following and be very specific:

If you were more productive and/or "balanced," how would you act, feel, be?

What activities or projects would you spend more time on?

Goal #1: _____

If achieved, the benefits would be: _____

How close are you to this goal today? (1=far from it; 10=achieved): _____

Goal #2: _____

If achieved, the benefits would be: _____

How close are you to this goal today? (1=far from it; 10=achieved): _____

Goal #3: _____

If achieved, the benefits would be: _____

How close are you to this goal today? (1=far from it; 10=achieved): _____

CHANGE (REINVENTION)

What prompted you to contact a productivity coach? _____

How long had the situation/circumstance that prompted the contact existed? _____

Have you worked with a coach or consultant before? Yes No

If so, what were the results? _____

How (else) have you tried to improve your productivity and what were the results?

Method: _____ Results: _____

Method: _____ Results: _____

Method: _____ Results: _____

Additional Space: _____

Where would you say you are in the Change Process? (*It can be a cycle*)

Pre-contemplation (Not aware or not agreeing that there is a problem; no intention of change)

Contemplation (Acknowledging there is a problem but not ready and/or wanting to change)

Preparation (Getting ready to change, becoming willing, investigating options)

Action (Physically changing behavior, experimenting)

Relapse (Returning to older behaviors, forgetting and/or abandoning the new changes)

Maintenance (Maintaining the behavior change, making it habitual)

Rate your motivation to be more productive—to be changed (*1=low; 10=high*): _____

Rate your motivation to adopt more productive habits—to change yourself (*1=low; 10=high*): _____

Rate your willingness to practice new (unfamiliar, uncomfortable) behaviors (*1=low; 10=high*): _____

Rate your belief that you can really make lasting behavior changes (*1=low; 10=high*): _____

Rate your confidence that you can really make lasting behavior changes (*1=low; 10=high*): _____

Hours/week you can devote to coaching, studying and high-level analysis of your work: _____

Your reservations about productivity coaching: _____

DELEGATION

Complete this section only if you have at least one person reporting to you

Describe your supervisory/delegation style: _____

How would your direct-report(s) describe it? _____

Rate your ability to hold people accountable for their performance (*1=low; 10=high*): _____

What rating would your direct-report(s) give you? _____

IF YOU HAVE DIRECT-REPORTS
An Assistant or Others You Delegate Work To

Please complete one page for each person who reports directly to you/does work for you
If you are assigned a rep at a support center, include that person

Employee's Name: _____

Title: _____

What percentage of his/her time is yours? _____

Is his/her office in your building? _____

How long have you worked together? _____

Did you hire him/her? Yes No

Are you responsible for his/her performance evaluation? Yes Contribute to it No

How frequently do you meet? _____

How do you like him/her personally? (1=not at all; 10=very much) _____

How would you characterize your relationship? _____

Rate the fit between this person's knowledge, skills and abilities and his/her job (1=low; 10=high): _____

Rate the fit between this person's personality and his/her job (1=low; 10=high): _____

Rate your trust level with him/her regarding the following (1=not at all; 10=completely):

Protecting confidential information: _____

Do assignments on time: _____

Do assignments completely: _____

Do assignments accurately: _____

Speak up if s/he needed clarity about some matter: _____

Speak up if s/he needed to negotiate deadlines/deliverables, etc.: _____

Speak up if s/he felt uncomfortable with your behavior: _____

Is this person performing all his/her job duties? Yes No

What would you like to hand off to him/her that you don't currently?

Why don't you? _____

Other relevant information about this employee: _____