**The Coaching Center for MindTraining & Success**

**Business Needs Assessment**

To get the most from your Strategy Session, set aside about 30-40 minutes to review, consider and type your answers to these questions.

This will allow me to have a general understanding about the vision and blocks in your business and to ask more detailed questions during our call in order to elicit the top 3 blocks and zero in on what you most need to start moving your business forward more profitably and enjoyably, and have the impact on others that is important to you.

\*Please answer all questions as thoroughly as possible

**Your Name:**

**Email:**

**Business Name(s):**

**Business Phone # (include area/country code):**

**Website (if any):**

**Facebook biz page url (if any):**

**TELL ME ABOUT YOUR BUSINESS**

**What service and/or products do you provide and to whom? What problem(s) do you solve or needs do you serve?**

**How long have you been doing this kind of work? How long have you been doing it as a business?**

**How do you charge for what you offer? (e.g., $ per hour/time or $ for groups of sessions or $ for packages/programs)**

**How much do you earn from the highest-priced service you offer?**

**The lowest-priced?**

**What do you sell the most of/at what price point?**

**What did you make last year in your business? How much do you want to make in the next   
6-12 months?**

**Do you have a budget or money to invest in your business’s needs?\*** (Choose one)

\_\_\_ Yes, but haven’t determined it monthly or as a lump sum limit

\_\_\_ I’m willing to invest in my business, but need help figuring out options to do so wisely

\_\_\_ Yes, but I’m trying to build my business without spending money, borrowing money, or using credit cards

\_\_\_ No, I’m really strapped for cash and don’t have ANY resources to spend on my business or me

**How do you "deliver" your product or service?** (e.g., one-time service/delivery, ongoing, one on one, groups, in person, virtually, etc.)

**Who is your ideal client and what challenges do you help them overcome?**

**How are you better or different than your competitors or another alternative they might try?**

**What marketing techniques are you currently using to get business? What are your most effective techniques? Do you track your marketing efforts/results in some way?**

**Where do you feel your marketing needs help? What techniques do you want to employ but need help with?**

**What would you like to see or experience in your business in the next 6-12 months?**

**What is your BIG WHY for making your business succeed? What would having your ideal business do for YOU and OTHERS**

**What do you think is blocking you from having/creating the results you want in your business? (Check as many as apply)**

\_\_\_ Not knowing where to start  
\_\_\_ Not having clear direction of how/a plan  
\_\_\_ Feeling overwhelmed with all the steps or time involved  
\_\_\_ Not feeling supported/encouraged to do it  
\_\_\_ Fear(s)  
\_\_\_ Doubt/Lack of confidence in self or the idea  
\_\_\_ Lack of time  
\_\_\_ Lack of money  
\_\_\_ Lack of skills, knowledge, resources (such as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**HYPNOTIC PERSONALITY PROFILE**

For Questions 1-8, enter the number from the following scale that corresponds to your response:  
**0 -- Never 1 -- Seldom 2 -- Sometimes 3 -- Often 4 -- Usually**

1. Do you ever become so involved in a TV program, movie, play, or book that you lose awareness of where you are and begin to identify with the characters?

2. Do you tend to doodle while on the phone or involved in other listening activities?

3. When reading or hearing about someone else's experience, do you get deeply involved or find yourself feeling their emotions?

4. Have you ever been driving and suddenly realized you were further down the road than you remember actually driving?

5. Have you ever been able to recall an experience so vividly that you almost feel that you were actually reliving it again?

6. Have you ever been physically hurt (a cut or bruise) and only realized it once you stopped doing what you were involved in at the time or when you actually saw it?

7. How often do you let your imagination take over your thoughts?

8. Do you find it easy to relax yourself when you want to?

**RATINGS ON HEALTH AND WELLNESS**

On a scale of 1(extremely high) to 5(extremely low), rate your daily stress level \_\_\_\_  
On a scale of 1(very poor) to 5(excellent), rate your overall: health \_\_\_\_ quality of sleep \_\_\_\_   
happiness and positive attitude about life \_\_\_\_

**GOALS, RESOURCES, MOTIVATORS**

1. What is the outcome that you are seeking by using my services? (be very specific)

2. What are your biggest challenges when it comes to getting/having that?

3. What other ways, if any, have you tried to create this change/outcome? How did that work for you?

4. What is not resolving these challenges costing you (physically, emotionally, financially)? Dig deep.

5. What are the real or imagined negative consequences in the future of not resolving this? (At least 5 things)

6. On a scale of 1-10 (10 = highest), how important or urgent is it to you **right now** to overcome these obstacles or not have the negative consequences \_\_\_\_\_\_\_   
Why do you say that?

7. How much longer are you willing/able to deal with this issue before you commit to getting help to change things?

\_\_ Not another minute; I have to change NOW \_\_ I can wait at least another 6 months \_\_ Indefinitely

Why do you say that? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What will successfully making this change do for you/others? (list 3 to 5 things)

9. On a scale of 1-10 (10 highest), how committed are you to having all of that ? \_\_\_\_\_

Why do you say that? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What are you willing to commit to doing to achieve your desired outcome and these benefits?

11. After reading/viewing the information on my website about the methods I use (hypnosis, EFT, NLP), what concerns or questions do you have about utilizing any of my methods?

12. How do you hope/anticipate that my services will help you achieve your outcome?

13. What would keep you from deciding to utilize my services to help you make this positive change in your life? ❑ cost ❑ time ❑ location/travel ❑ belief it can work for me ❑ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**### END ###**

Thank you for your thoughtful and thorough answers.  
They will help both of us determine what you most need to make your business  
profitable and impactful.