

## Client Questionnaire

Welcome aboard and please fill out these questions. If you could highlight your answers in another color that would be great for processing purposes. If something doesn't apply whatsoever, just place N/A next to the question. N/A means not applicable. Take your time and if you have any questions, please email me back right away. I am always here for you. You're going to do great. You're in good hands.

Name:

Age:

Height (in feet and inches please):

Weight (pounds please):

Marital status:

Previous marital history:

Number of children:

Ages of children and first names (in case they are mentioned in our conversations):

Current occupation:

Past Occupations (from 10 years old onward):

Gender at birth:

Preferred gender:

Phone numbers (cell and landline...just in case we need to use these methods to communicate):

Alternate email address:

Current address:

Time zone:

Place of birth address (*is place of birth time zone different than where you currently live*):

Time zone of place of birth

Facebook profile (full URL):

Instagram profile (full URL):

Next of kin name:

Next of kin email:

Next of kin phone number:

What is the **primary reason** you've contacted me and in what area (s) do you need improvement?

Tell me your story?

Are there any particular and/or pressing issues you would like addressed, during the self-sabotage coaching session?

Unload a bit about what's eating at you about life in general, yourself or your historical/current situation...I got time, let it out, everything is confidential.

## **Health**

- List all medications taken over the last 10 years - please list with full names of medications:
- How many vaccines have you taken over the last 20 years?
- Did you take the COVID-19 vaccination?
- Do you have any diagnosed diseases - if so which ones?

- Have you ever taken an antidepressant medication - if so, which ones and over what length of time?
- Please list all your surgeries over your entire lifetime, including elective and cosmetic surgeries:
- How many times have you been into the medical system over the last 5 years and for what issues?
- Please list the aches and pains you have over your entire body (where do you hurt):
- Have you ever visited a Chinese medical doctor and what was the diagnosis tabled (*which organ system(s) needed support*):
- Have you invested in any alternative health practitioners (chiropractors, energy healers, hypnotherapists etc.)
- Do you use over the counter painkillers, allergy medicines, any over the counter medicine (*if so which ones and how frequently*)?
- Have you done any cleanses or fasting in your life and if so, which ones and when were they executed?
- Do you have any allergies to food or to anything else. If so, please list:
- Do you have acne or disrupted/discolored skin?
- Do you have itchy skin or itchy areas of your body.
- Do you wear corrective glasses or contacts?
- Do you have any mercury teeth fillings. If so, how many? They are gray or black? Do you remember the ages when you got them?
- Do you have any other teeth fillings made of composite, usually white? Do you remember the ages when you got them?

- Do you have any root canals? If so, do you know when they were done and how many you have?
- What toothpaste do you use?
  - Does your toothpaste have fluoride or carrageenan in it (please check)?
- Is the water in your area fluoridated?
- Do you exercise on a regular basis?
- Please describe your exercise routine in full detail for the week if you do exercise.
- Do you have any home equipment you no longer use in the home (*if so, which pieces*)?
- Do you have any home equipment you do use in the home (*if so, which pieces*)?
- How many diet programs have you tried over your lifetime?
- Do you have any diet or healthy cookbooks in the house?
- How many different gyms (*or health studios*) have you been a member of over the last 20 years?
- What is the date in your history where you've been the heaviest you've been and what was your heaviest weight? List your heaviest weight and the time when you were steady around this weight.
- Please describe your caffeine intake (coffee, energy drinks, teas, pre workout, chocolate, etc.) I need exact amounts of each taken in a week:
- Do you frequently feel cold?
- What is the state of your finger/toenails and your hair (*thin hair, ridges on nails, fungal infections, balding etc.*)?

- Do you use wireless internet on a laptop that sits on your lap?
- Do you hold your cell phone in your pocket or talk with the cell phone to your ear?
- Do you keep your cell phone within 3 feet of you for a good portion of the day?
- Do you wear a Fitbit or iWatch?
- Do you wear wireless headphones or use any other wireless device?
- Do you work in an industry where there is lots of Wi-Fi exposure?
- Do you have Wi-Fi at your home (how close is the nearest router to your couch or your bed)?
- Do you have Wi-Fi at your business (how close is the nearest router to your workstation)?
- Do you have a SMART TV, which is wireless?
- Do you have a Wi-Fi measuring device and if you do, how safe is your living and working environment?
- How many hours of Wi-Fi exposure per day do you get where you're within 5 feet of your computer, phone, laptop, or wireless router?
- Do you have any baby monitors in the house?
- Do you live in an apartment complex where many Wi-Fi signals are present?
- Do you have any new emerging marks on your skin or skin tags?
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## **SLEEP & REST**

- In the last 6 weeks what time are you going to bed?
- In the last 6 weeks what time are you getting up?
- Is your sleep interrupted at generally the same time nightly - if so what time?
- Do you feel tired during the day at generally the same time - if so what time?
- If you work night shift please describe?
- Do you watch TV or watch any screen before you go to bed?
- If you do watch a screen before bed, how long is it watched for?
- What do you watch before bed (certain shows, YouTube videos, etc.)?
- Do you wear any blue light blocking glasses before sun up or after sun down?
- Name 5 TV series you've watched over the last 3 years:
- Name the last 5 movies you've watched on Netflix, in theatre, etc. After naming those movies, please list how long ago you've watched them.
- Do you drink coffee (*if so, how many per day*) what sizes and how many of each size and even the coffee shop where you get them)?
- Do you smoke cigarettes (if so, how many per day)?
- Do you drink any alcohol whatsoever (if so, how many ounces/ beers or glasses of wine per day.... be accurate)

- Do you currently use narcotics (if so, what do you use and what quantity per day. Please be *accurate*)?
- If you don't use narcotics, alcohol, cigarettes, or coffee currently but did in the past, what ages did you use and what was the quantity used?
- Have you adopted any healthy habits over the last 5 years (*please describe exactly what they were*)?
- What unhealthy habits do you still participate in?
- If male, were you circumcised?
- If female, were you exposed to any genital cutting, common in certain cultures across the world?
- How much water do you drink daily and what brand do you consume?
- Provide a 4-day diet log of everything you eat and drink in a day (including non food items like gum, medications, vaping, smoking, chewing tobacco etc.) - please also indicate if the food you consume is organic, biodynamic, humanely raised or non organic? PLEASE INCLUDE THE DIET LOG RIGHT HERE IN THE QUESTIONNAIRE AND NOT AS A SEPARATE ATTACHMENT
- Please name all the personal care products you use daily and the brands?
- Do you use a microwave to heat up or defrost your food (if you do provide the number of times you do it per day – the number would indicate the combined defrost and cooking situations)?
- How long does it take for you to eat your meals and do you eat them with family, alone, sitting down, in a car or standing up?

- Do you do any active relaxation (yoga, stretching, meditation, naps, massage, walking in nature, etc.)?
- How many vacations do you take per year either alone or with your romantic partner?
- Are you currently getting what you need on an emotional or sexual level inside your current relationship YES OR NO (*please explain if you wish to describe*)?
- Personal History (feel free to express yourself here...)
- Did anything occur in your life that you consider traumatic (*please describe if you wish*)?
- Did anything occur in your life that you hold guilt or shame about (*please describe if you wish*)?
- Have you ever filed for bankruptcy (if you answered yes how many times and in what amount)?
- Other than your home mortgage, do you have any credit card debt over \$5,000?
- Name all the clubs or associations you belong to and the groups you affiliate with (vegan, marathoner, Tough Mudder, Spartan racer, cancer survivor, charity organizer, church, reading group, Crossfit, AA, war vet, etc.):
- Do you attend religious services currently?
- Did you attend religious services or Sunday school in your first 7 years of life (*if so with what frequency*)?
- Name all the schools you attended in chronological order and denote if they were public or religious:
- Do you play music on the radio in your car and if so, what sorts of stations do you listen to?



- Do you find you're too busy and work too much at times?
- Do you have any piercings or tattoos (*please describe how many, what they are, which side of the body and location*) (*pictures are also good if you want to volunteer*)?
- Have you ever cut yourself or hurt yourself purposely?
- Name your 3 best friends, their estimated weights, their occupations and their diseases or addictions:
- Do you live in a lower, middle class or upper-class neighborhood?
- Did any of your parents wear a crucifix around their neck or do you wear one?

**Family Background - Mother and Father** (*if you don't have a father or mother, please use the person who filled those roles in your life*)

- Did you move around often. How many houses did you live in as a child, locations and durations in each city/town are needed.
- Were the areas wealthy, middle class or poverty stricken?
- Please list everyone in your immediate family - with ages and first name (and family titles.....father, mother) also list if you can if they are still with us and if not, when they passed away and from what issues/disease?
- Did you mother or father drink alcohol, smoke cigarettes, drink coffee, eat junk food/fast food or use narcotics weekly when you were a child?

- Was their physical hitting or sexual abuse toward the children in the family home?
- Did any of your parents or siblings have a criminal record when you were a child?
- Were either your mother or father overweight (please list them by name and their weight, within 5 - 10lbs)?
- Did your mother or father follow a structured exercise routine every week?
- What was/is the sexual orientation of both parents?
- What was your mother's occupation in your childhood (please list all her sources of income/jobs for as long as you can remember up until present)?
- What was your father's occupation in your childhood (please list all his sources of income/jobs for as long as you can remember up until present)?
- Did your mother or father have any diagnosed diseases?
- Did your mother or father take any medications?
- What was the general routine in the family home of the parents (examples....Mom would take care of the kids, worked hard, drank coffee every morning, cooked for Dad, Dad left at 7 in the morning, got home, starting drinking beer and watching TV etc.....Mom was medicated, I had to take care of my siblings, Dad was absent, etc.)?
- Were you raised by one or both parents?
- If your parent(s) passed away or divorced when you were a child, when did it happen?
- Describe how you felt when this occurred?

- Is there anything hurtful or very impactful that either of your parents **said** or **did** to you, during your childhood (if so, what sticks out the most)?
- Was the TV a regular "thing" to be on in your family home?
- Have you or any member of your family been a member or affiliated with groups such as Freemason, Knight Templar, Shriners, or similar styled groups?
- If you were to synthesize the emotional "cloud" or "primary vibration" that was most dominant in your family home as a youngster and you had to use one word or phrase to describe it, what would it be (*example...joyful, exciting, amazing, constantly supportive, critical, depressing, competitive, combative, etc.*) (you can use several words and phrases if you wish)?

### **Family Background – Siblings**

- How many siblings do you have?
- Please list them by first name and age and place yourself in the list, in chronological order:
- Please describe the marital history of each sibling:
- Please describe the weight of each sibling and height (in feet and pounds):
- Please describe any diseases they've been diagnosed with:
- Are you aware if any of your siblings take medication (if so which medications and for what disorders or diseases)?
- Did any sibling in your family try to commit suicide?
- What are their occupations?
- What are their sexual orientations?

- Do they have any addictions you may notice?
- Do any of your siblings use alcohol, coffee, cigarettes, junk food or narcotics weekly?
- Do any of your siblings eat out at fast food restaurants?
- Were you adopted?
- Were any of your siblings adopted?

### **Personal Growth, and Healing**

*(read the first 4 questions but don't answer them until you've completed the rest of this section)*

1. What is your dream? *(If you had \$150 million in your bank account right now, what does your daily and yearly routine look like and what do you want to accomplish before you pass away?)*

2.. What do you stand for? *(What are your core values that you'll never negotiate, regardless of what's offered in return?)*

3. What are you willing to change to improve your life?

4. Fill in the blanks. I AM X, Y AND Z.....creating X,Y and Z.

My vision is X, Y and Z.

In order to clarify what your dream really is.....list what you absolutely **don't want** with respect to health, wealth, relationships and positive self talk. (I want 4 separate declarations for each "don't want" category).

*For example...I don't want to live pay cheque to pay cheque, or I don't want to stay in the cycle of failure based dieting or I don't want to date someone who needs me to take care of them or I don't want to always think negatively about my life and the direction it's going in.*

*All 4 categories must be addressed regarding what you don't want.*

Between the areas of health, wealth, relationships, or positive self talk, where do you think you're encountering the most resistance or active self-sabotage?

Write down 4 phrases or words about both your mother and father, which describe something that **drives you a little crazy** about them or something **you can't really deal with**. (4 for your mother and 4 for your father)

Now find your best friend or an ex romantic partner and ask them to do the same exercise about you.

Do you see any similarities between your list and what others see in yourself?

It's best to at least find a friend if you can but sometimes, if you're honest with yourself, you can answer this one yourself. (*Example - mother - judging - nothing is ever good enough - can't take a break and not feel guilty - no adult-based emotional stability and now.... father - addicted - not present - childlike - no spiritual development.*)

## **WEALTH**

What is your dream with respect to wealth?

Tell me what it sounds like.

What does it taste like?

What does it feel like?

## **HEALTH**

What is your dream with respect to health?

Tell me what it sounds like.

What does it taste like?

What does it feel like?

## **RELATIONSHIPS**

What is your dream with respect to relationships?

Tell me what it sounds like.

What does it taste like?

What does it feel like?

## **SELF TALK**

What is your dream with respect to positive self-talk?

Tell me what it sounds like?

What does it taste like?

What does it feel like?

On a scale of 1-10 maybe rank health, wealth, relationships, and positive inner self talk. 10 means "excellent accomplishments already in this area".

0 means "really should explore subconscious programming in this area because achievement in this area has always been inconsistent or lacking."

Find the area where you believe you need the most help (wealth, health, relationships, and inner self talk) in and write down the **limiting beliefs** you have in those areas.

If you have more than 1 of the 4 major areas to explore, then just do all 4. Maybe you were taught "money doesn't grow on trees" or "all your family are big boned" or "I'll never be confident" or "no

one in my family had a good marriage.” Find the beliefs that hold you back in each category.

After you write down your personal limiting beliefs in each category..... try to identify where those beliefs came from a) mother b) father c) family member d) greater culture tribe or media influence.

Do they sound like something your mother or father said, sometimes in those exact words or something you had to believe, so you fit into the family better? Go back up and write down mother, father, or media.... where those limiting beliefs came from.

Write down the benefits of keeping those beliefs and realize your subconscious works very hard to keep you safe, inside a society that the underachiever is mediocre and dependent.....straight across the board.

For example, maybe staying sick means you get more attention at the hospital. Maybe thinking negatively helps you bond better with negative friends. Maybe never achieving greatness helps you make sure you never make your parents face their shortcomings. Maybe drinking coffee makes you feel exhausted, which reminds you of how you felt your entire life....and feeling healthy is simply unfamiliar. Dig deep here. Every disease or benefit provides a benefit and it's that perceived benefit that makes our subconscious cling tight to what's no longer serving us. What weird or odd benefits are you getting, by keeping those limiting beliefs?

OK you're done. Send it back to me and let's take that one final step (of watching some choice videos) before we finally meet one on one! Good work. You're doing so well!