



Strategy Session Questionnaire

Date: _____

Full Name: _____

Phone Number: _____

Email: _____

1. What interested you in having a strategy session?
2. What is the main area of struggle or concern in your life right now?
3. Describe your dream life. If you could resolve your main area of struggle and live the life you LOVE, what would that life look like?
4. What self-improvement work, if any (i.e. books, courses, coaching, etc.) have you done previously and what has been your experience with it?
5. On a scale from 1-10, how ready are you to invest in changing your results in your main area of struggle, on a physical, emotional, mental, and financial level?
6. Up until now, what has kept you from living the life you love?

On the line below, please identify 2-3 days/times I am available within the next two weeks

Once you have completed the form, please email it back to Lee Ann Hawkins at transformationalcoaching@leeannhawkins.com.