



THE GAME CHANGER

Name: _____ Age: _____

Company name: _____ Branch: _____ Role: _____

Annual revenue (indication): _____ Revenue goal: _____ Amount of team members: _____

Relation status: ☐ Single ☐ In relationship ☐ Married ☐ Children

Score your self on all areas (1 = weak | 10 = powerful):

Work-life balance:	1	2	3	4	5	6	8	9	10
Focus:	1	2	3	4	5	6	8	9	10
Leadership:	1	2	3	4	5	6	8	9	10
Quality of network:	1	2	3	4	5	6	8	9	10
Growth of the business:	1	2	3	4	5	6	8	9	10
Growth as entrepreneur:	1	2	3	4	5	6	8	9	10
How much potential do you leave on the table:	1	2	3	4	5	6	8	9	10
How important is personal development for you:	1	2	3	4	5	6	8	9	10
To what extent do you put yourself first:	1	2	3	4	5	6	8	9	10

GROWTH POTENTIAL:	YES - NO	OR	
Do you have blind spots?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I own my agenda	<input type="checkbox"/> My agenda owns me
Are you willing to change yourself?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I own my business	<input type="checkbox"/> My business owns me
Have you received coaching before?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I own my relationship	<input type="checkbox"/> My relationship owns me
Are you willing to invest in yourself?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I own my life	<input type="checkbox"/> My life owns me
Is your environment supportive in your growth?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> I take action	<input type="checkbox"/> I procrastinate

What are your 3 biggest challenges currently?

1 _____

2 _____

3 _____

Where are you in 5 years?
