



DVRT Mentorship Questionnaire

Name: _____ Date: _____

Business Name: _____

Business Address:

Email: _____

Type of Corporation: _____ When was your business officially formed? _____

What is your annual gross revenue?: _____ What is your annual net?: _____

What are your annual business taxes?: _____ Do you have an accountant?: Y/N

How many credit cards do you have?: _____

Do you currently have a balance on them? Y/N

What is your average monthly balance?: _____

Do you have health insurance?: Y/N Do you have savings?: Y/N

Do you have any investments?: Y/N Do you have retirement planning?: Y/N

Are you able to pay the balance off monthly? Y/N

What would you like to see your annual and gross incomes grow to in the next 12 months?:



Where would you see the biggest growth coming from? (Online clients, seminars, more in person clients, hiring more staff to service more clients, etc.):

Do you own a facility, work for someone else, or run your business completely online?:

What is your website?: _____

What are your social media outlets?:

How often do you post on each?:

Who are your biggest competitors and do they have similar model or run something different:



How many employees in your company including yourself?: _____

Please list positions of each employee and how much they are compensated:

How large is your current facility if you run live training?: _____

How many live clients do you have?: _____ How many online: _____

How much of your business is in person versus online?: _____

If you have an online business, what is the focus of the business (online training, education, physical products, etc.):

How long have you been running your online business?: _____

Do you want to grow your live or online business more?: _____

Do you perform any public speaking?: Y/N

Do you feel comfortable public speaking?: Y/N



What is your budget for:

-Marketing your business: _____

-Cost of operation: _____

-Incidentals: _____

Have you taken any courses on public speaking? Y/N

About how many events have you done?: _____

What do you hope to achieve with your public speaking?:

How many other masterminds/mentorships have you been through?: _____

What worked for you and what did not?:

What is the time commitment on a weekly average to your live business compared to online?:

Is addressing the systems you use to train your clients something you want to change? Y/N



If yes, what areas would be most helpful in developing a more effective system?:

What is the model of your facility? If it is mixed one on one, semi-private, and/or group, please let us know the percentages of each:

If you run semi-private and/or group please let us know average and maximal numbers for both:

What is your payment structure (including exact costs) for every possible option:

What populations do you train and what percentage of each makes up your business:

What population do you want to be the main part of your training?: _____



What equipment do you have in your facility that is commonly used: _____

What is the uniform for you and your coaches?:

What educational programs have you completed? (Certifications, college programs, internships, etc.):

What do clients say they like most about training with you?:

Why do clients most often say they chose to train with you?:

What have clients voiced they would like to see improved?:



What are your three top goals to achieve in this program, please be as specific as possible:

1. _____

2. _____

3. _____

How often do you complete reading a book?: _____

What was the last book you read?: _____

What are your 3 favorite books?: _____

How much time per day do you average spending online?: _____

Are you the sole earner in your family?: Y/N

What is the goal of your family income?: _____

How many family members do you have in your immediate family?: _____

Do you currently have any debt? If so how much?: _____

How many hours a week are you working with clients or projects directly related to your business?:



How many hours a week do you devote to marketing your business?: _____

What are your most successful outlets for attracting new business?:

What marketing techniques have you tried that did not work and why do you think it did not succeed?:

What are your best referral sources and on average how many clients do you gain a month:

How many hours do you sleep at night?: _____ What time do you go to bed?: _____

In the last year how much weight have you gained or lost?: _____



What does an average day look like (provide times of day and length of time spent in different areas, include personal time as well):

If you became very ill or in an accident, would your business be able to survive? If yes, how so, please explain:

What would an ideal day look like?:



What would you say are the things holding you most back from achieving your goals?

Please email this form directly to info@ultimatesandbagtraining.com. From there Jessica and Josh will review and be in contact shortly.