

*Whatever you think about business...*

*...think*  
the  
OPPOSITE

## **Business Mastery Pre-Game Questionnaire**

The intention of the Business Mastery Program is for you to take control of your life and your business, and to enable you to achieve incredible results.

You will begin this process by conducting a personal analysis on yourself and your business. The answers to these questions are for you only, and will be used to track your progress throughout the program. Please answer the following questions:

### **You and Your Business**

*What do you achieve, avoid or do for your customers/clients?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Why do your customers buy from you, rather than from someone else?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*What do you do better than your competitors?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*What are your special talents, your personal areas of excellence?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*What are the most productive and profitable things you do in your work?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*If you could do just one thing all day long, what would it be?*

---

---

---

### Key Success Indicators (KSI)

*You can't hit a target you can't see.* The National College of Business requires you to identify the Key Success Indicators (KSI's) in each part of your life. Once you are clear about your KSI's, you can begin to improve in each important area.

#### Business and Career

1. What is the current annual turnover (\$)? \_\_\_\_\_
2. What is your current annual net profit %? \_\_\_\_\_
3. What percentage increase would you like to achieve in the next 12 months?  
\_\_\_\_\_
4. How much has your income increased over the last three years?  
Amount? \$ \_\_\_\_\_ % \_\_\_\_\_
5. On a scale of 1-10 how much do you enjoy your work? \_\_\_\_\_
6. On a scale of 1-10 how good are you at what you do? \_\_\_\_\_
7. On a scale of 1-10 how much do you find your work both interesting and challenging?  
\_\_\_\_\_
8. On a scale of 1-10 how satisfied are you overall? \_\_\_\_\_
9. What is your best skill in your work, what are your strengths?  
\_\_\_\_\_
10. What is your number one goal in business/career?  
\_\_\_\_\_
11. What is your number one goal in terms of time management?  
\_\_\_\_\_

#### Family and Relationships

1. How many minutes/hours each day do you spend with your spouse/partner? \_\_\_\_\_
2. How many minutes/hours do you spend each day with your children? \_\_\_\_\_
3. How many days off each week do you take with your family? \_\_\_\_\_
4. How many weeks do you take off each year with your family? \_\_\_\_\_
5. How many weeks would you like to take off? \_\_\_\_\_
6. Overall, on a scale of 1-10, how happy and content are you with your family life and relationships? \_\_\_\_\_
7. On a scale of 1-10, how happy are the members of your family with you? \_\_\_\_\_

8. What is your number one goal in terms of family and relationships?

---

---

9. What is your number one goal in terms of your recreation?

---

---

10. What is your number one goal in terms of communication?

---

---

**Wealth**

1. How much do you intend to earn this year?

Business Turnover \$\_\_\_\_\_ Net Profit \$\_\_\_\_\_ Personal Income\$\_\_\_\_\_

2. How much do you earn each month? \$\_\_\_\_\_

3. How much do you earn per hour? \$\_\_\_\_\_

4. How much is your net worth today? \$\_\_\_\_\_

5. What are your monthly living expenses? \$\_\_\_\_\_

6. How much do you save each month? \$\_\_\_\_\_

7. How many months/years could you live off your investments and savings?

Months? \_\_\_\_\_ Years? \_\_\_\_\_

8. What is your number one goal in terms of wealth creation, money and/or finances?

---

---

9. What is your number one goal in terms of giving and charity?

---

---

**Health and Wellness**

1. On a scale of 1-10 how would you rate your overall health and fitness today? \_\_\_\_\_

2. How many hours per night do you sleep? \_\_\_\_\_

3. How many hours/days do you take off for rest and relaxation each week? \_\_\_\_\_

4. How many minutes/hours do you do cardio exercise each week? \_\_\_\_\_

5. How many minutes/hours do you strength train each week? \_\_\_\_\_

6. How many days are you off work because of illness each year? \_\_\_\_\_

7. Do you get regular physical and dental checkups? (Y/N) \_\_\_\_\_
8. What is your number one goal in terms of health and fitness this year?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal and Professional Development**

1. How many minutes/hours do you read in your field each day? \_\_\_\_\_
2. How many hours per week do you spend listening to educational audio programs when you drive? \_\_\_\_\_
3. How many additional courses or seminars do you take each year in your field? \_\_\_\_
4. How many magazines do you subscribe to in your field? \_\_\_\_\_
5. What additional skills or abilities would you like to develop in the next year?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
6. What are the core competencies that you and your team need to lead your field in the year ahead?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
7. What is your plan to acquire these skills?  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on your answers to the above questions, what actions do you feel you need to take to make these happen?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

What one action are you going to take immediately?  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please keep this questionnaire as a starting point of where you are currently, and use it to review your results at the end of 12 months.*



*Here's to achieving great things!*