

## Master Focus Group Application

Name:

Phone:

Address:

Email:

Age Group:

Parenting Status:

Marital Status:

Occupation:

1. What areas do you feel overwhelmed with or struggle with? (check all that apply)
  - a. Lost Identity
  - b. Lack of Direction
  - c. Loneliness
  - d. Addiction in the family
  - e. Other: \_\_\_\_\_
  
2. How long have you felt this way?
  - a. 1 - 3 yrs.
  - b. 4 - 6 yrs.
  - c. 7 - 10 yrs.
  - d. More than 10 yrs.
  - e. Always
  
3. Where do you feel you need the most improvement?
  - a. Relationships
  - b. Self-Awareness
  - c. Creating Direction
  - d. Building Self-confidence
  - e. Other: \_\_\_\_\_
  
4. If you could change one thing in your life, what would it be?  

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5. Is there a relationship you would like to improve?
  - a. Spouse
  - b. Child
  - c. Co-worker
  - d. Self
  - e. Other: \_\_\_\_\_
  
6. What makes you happy or brings you joy.  

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7. What do you currently do to take care of yourself? (all that apply)
- a. Exercise
  - b. Meditation
  - c. Creativity
  - d. None
  - e. Other \_\_\_\_\_
8. What type of program are you interested in?
- a. Virtual (on-line)
  - b. In person (classroom)
  - c. Either
9. What days and times are best for you? (write in the times)
- a. Monday \_\_\_\_\_
  - b. Tuesday \_\_\_\_\_
  - c. Wednesday \_\_\_\_\_
  - d. Thursday \_\_\_\_\_
  - e. Friday \_\_\_\_\_
  - f. Saturday \_\_\_\_\_
10. Ideally, how much time do you feel you would take to create the change you desire?
- a. 1 month
  - b. 3 months
  - c. 3 years
  - d. Other: \_\_\_\_\_
11. Do you believe you can change and no longer struggle?
- a. Yes
  - b. No
12. What would you need to happen to make this program a success?
- \_\_\_\_\_
- \_\_\_\_\_
13. Are you willing to put in the work needed to create change in your life?
- a. Yes
  - b. No
14. How did you hear about the Power Within Her Master Focus Group?
- \_\_\_\_\_

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